

MY JOURNEY WAS DELAYED

(IN BLOCK CAPITALS)

NAME

ADDRESS

POSTCODE TOWN

COUNTRY

DAYTIME TELEPHONE NO

E-MAIL

Date of travel - -
YEAR MONTH DATE

Train/bus.no.

Departing from Arriving at

Accord. to timetable Actual time Accord. to timetable Actual time

WHEN CHANGING

Train/bus no.

Departing from Arriving at

Accord. to timetable Actual time Accord. to timetable Actual time

WHAT WENT WRONG?

ALWAYS ENCLOSE

Original copy of valid ticket. Please write your card no. if you are travelling using a Resekortet traveling card.

CARD NO.

If you are travelling using a travel card issued by an operator in a different county, please write which county.

COUNTY

Attach your tickets/receipts in original here or enter the ID number of your mobile ticket.

I AM CLAIMING COMPENSATION

- For a delay of 20-39 minutes**
50 percent of total ticket price, minimum SEK 25 when choosing voucher*
- For a delay of 40-59 minutes**
75 percent of total ticket price, minimum SEK 25 when choosing voucher*
- For a delay of 60 minutes or more**
100 percent of total ticket price, minimum SEK 25 when choosing voucher*
- * We add 20 percent extra value when choosing voucher.

COMPENSATION TO BE PAID IN VOUCHER
To be used when buying our products.

COMPENSATION TO BE PAID IN CASH
Payment to your account, fill in details below.

I CONTINUED MY JOURNEY USING OTHER MEANS OF TRANSPORT

Compensation for taxi or travelling by car can not be combined with the compensation above.

Taxi: Compensation for taxi fare. Compensation can be paid out in cash or as a voucher.

Enclose the original copy printout of the taximeter receipt. Handwritten taxi receipts or credit card receipts will not be approved.

From To

- Voucher** in the amount of the enclosed taximeter receipt, maximum amount SEK 1110.
- Compensation in cash** Please provide bank account details below, maximum amount SEK 1110.

Car: Compensation for travelling by car is always paid out as a voucher.

Compensation for car travel in accordance with Swedish Tax Agency regulations, maximum amount SEK 1110.

From To

No. of kilometers Registration no.

INFORMATION FOR COMPENSATION TO BE PAID IN CASH

ACCOUNT AT BANK (NAME OF BANK)

BANK ACCOUNT NO. (ALL DIGITS)*

BANK CLEARING NO.

* Foreign bank: enclose name of bank + address + SWIFT/(BIC-code + IBAN-number.

I hereby certify that the above information is correct.

SIGNATURE

LOCATION AND DATE

Entitlement to compensation will be revoked in full should the information given be incorrect. Your case will be registered with the Personal Data Act: 1998:204 (PUL).

ANKOMSTSTÄMPEL

ÄRENDENUMMER

KLIPP UT OCH KLISTRA PÅ KUVERTET



FRANKERAS EJ

**Hallands-
trafiken**

BETALAR PORTOT

Hallandstrafiken

Svarspost 300 058 900

311 20 Falkenberg