

# TRAVEL DISRUPTION INSURANCE EXPENSE TRACKER

Claim Reference & Expense Log Statement

DATE OF CLAIM SUBMISSION

## 1. POLICYHOLDER & CLAIM INFORMATION

POLICY NUMBER

FULL NAME OF CLAIMANT

EMAIL ADDRESS

PHONE NUMBER

RELATIONSHIP TO INSURED

## 2. DISRUPTION & TRIP DETAILS

ORIGINAL DEPARTURE DATE

SCHEDULED RETURN DATE

DESTINATION COUNTRY/CITY

TYPE OF DISRUPTION TRIGGER (CHECK ALL THAT APPLY)

Flight / Transit Cancellation

Severe Weather Delay

Missed Connection

Strike / Labor Disruption

Medical Emergency / Illness

Lost / Delayed Baggage

## 3. ITEMIZED EXPENSE LOG

DATE	CATEGORY (HOTEL, MEAL, TRANSPORT, ETC.)	VENDOR / MERCHANT NAME	DESCRIPTION OF EXPENSE / REASON	CURRENCY	AMOUNT PAID
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Total Claim Amount Requested:

#### 4. DOCUMENT CHECKLIST

- Proof of Original Booking / Itinerary
- Carrier Written Confirmation of Delay/Cancellation
- All Itemized Receipts / Tax Invoices
- Copy of Boarding Passes
- Baggage Irregularity Report (if applicable)
- Alternative Transportation Tickets

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SIGNATURE OF CLAIMANT

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DATE

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I hereby certify that the information provided in this expense tracker is true, accurate, and complete to the best of my knowledge. I authorize the insurance provider to verify any information and documents submitted.