

TRAVEL INSURANCE EXPENSE CLAIM FORM

Claim Submission & reimbursement Request

1. Claimant Information

Policy Number

Claim Number (If pre-assigned)

Full Name of Claimant

Date of Birth

Email Address

Phone Number

Mailing Address

2. Trip Details

Trip Destination(s)

Departure Date

Return Date

Purpose of Trip

3. Expense Details & Itemization

Date of Expense	Expense Category (Medical, Delay, Baggage, etc.)	Description of Expense / Reason	Currency	Amount Claimed
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Date of Expense	Expense Category (Medical, Delay, Baggage, etc.)	Description of Expense / Reason	Currency	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Claimed Amount:				<input type="text"/>

4. Reimbursement Method

Preferred Method

Bank Name

Account Holder Name

Routing Number / Swift Code

Account Number / IBAN

5. Declaration & Authorization

I hereby declare that all information provided in this claim form is true, accurate, and complete to the best of my knowledge. I authorize the insurer to verify any of the expenses listed above and understand that any false or misleading information may result in the rejection of this claim.

Signature of Claimant

Date (DD / MM / YYYY)