

TRAVEL INSURANCE REIMBURSEMENT

Expense Claim Template

CLAIMANT & POLICY DETAILS

FULL NAME

POLICY NUMBER

EMAIL ADDRESS

PHONE NUMBER

TRIP INFORMATION

DESTINATION COUNTRY / CITY

PURPOSE OF TRIP

DEPARTURE DATE (DD/MM/YYYY)

RETURN DATE (DD/MM/YYYY)

EXPENSE ITEMIZATION

Date	Category (Medical / Delay / Loss)	Description of Expense / Incident	Receipt?	Amount & Currency
Total Claimed Amount:				

REIMBURSEMENT PAYMENT METHOD

BANK NAME

ACCOUNT HOLDER NAME

IBAN / ACCOUNT NUMBER

BIC / SWIFT / ROUTING CODE

DECLARATION & AUTHORIZATION

I hereby certify that the information provided in this claim form is truthful, accurate, and complete. I authorize the insurer to verify any of the details provided with the relevant medical, travel, or other authorities.

CLAIMANT SIGNATURE

DATE (DD/MM/YYYY)