

# TRAVEL INSURANCE EXPENSE STATEMENT

Claim Reimbursement Form

## POLICY & CLAIMANT INFORMATION

POLICYHOLDER FULL NAME

POLICY NUMBER

EMAIL ADDRESS

CLAIMANT NAME (IF DIFFERENT)

CONTACT NUMBER

DATE OF BIRTH

## TRIP DETAILS

DEPARTURE DESTINATION

DEPARTURE DATE

ARRIVAL DESTINATION

RETURN DATE

## STATEMENT OF EXPENSES

| Date                  | Expense Category | Description / Reason for Expense | Currency | Amount |
|-----------------------|------------------|----------------------------------|----------|--------|
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
|                       |                  |                                  |          |        |
| Total Claimed Amount: |                  |                                  |          |        |

## REIMBURSEMENT PAYEE DETAILS

BANK NAME

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ACCOUNT NUMBER / IBAN

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ACCOUNT HOLDER NAME

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BANK CODE / SWIFT BIC

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CLAIMANT SIGNATURE

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DATE