

# Travel Insurance Claim for Emergency Evacuation

**Your Name**

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

**Insurance Company Name**

Insurance Company Address

City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally submit a claim for reimbursement of emergency evacuation expenses incurred on [Date of Evacuation] during my travel to [Destination]. My policy number is [Policy Number].

On [Date], I encountered a medical emergency that necessitated an immediate evacuation. Attached are the relevant documents, including:

- Medical treatment records
- Evacuation receipts
- My travel itinerary
- Policy Document

The total amount for the emergency evacuation is [Total Amount]. I kindly request that you process this claim at your earliest convenience and reimburse the aforementioned expenses.

Thank you for your attention to this matter. Should you require any additional information, please do not hesitate to contact me.

Sincerely,

[Your Name]