

Travel Insurance Claim for Medical Expenses Reimbursement

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 Department,

Subject: Claim for Medical Expenses Reimbursement - Policy Number: [Your Policy Number]

I am writing to formally submit a claim for reimbursement of medical expenses incurred during my recent travel. I was covered under your travel insurance policy, and my policy number is [Your Policy Number].

During my trip to [Destination] from [Start Date] to [End Date], I experienced [brief description of the medical issue]. As a result, I received treatment from [Name of Hospital/Clinic] on [Date of Visit]. The total medical expenses amounted to [Total Amount].

Enclosed are copies of the following documents to support my claim:

- Medical bills and receipts
- Doctor's report
- Claim form
- Copy of my travel itinerary

I kindly request the reimbursement of the total expenses incurred, totaling [Total Amount]. Please let me know if you require any additional information or documentation to process my claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]