

Insurance Statement

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Insured's Name], residing at [Insured's Address], is covered under our insurance policy.

Policy Number: [Policy Number]

Coverage Details: [Brief Description of Coverage]

Effective Date: [Start Date] to [End Date]

We certify that this policy provides sufficient coverage for medical expenses, repatriation, and other benefits as required for visa purposes.

If you have any questions regarding this matter, please feel free to contact us at [Insurance Company Phone Number] or [Insurance Company Email Address].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Phone Number]