

Travel Insurance Claim Form

Your Name: [Your Name]

Policy Number: [Policy Number]

Date of Incident: [Date of Incident]

Description of Incident:

Provide a brief description of the incident.

Amount Claimed: [Amount]

Supporting Documents Attached:

- Copy of the police report (if applicable)
- Medical bills
- Flight tickets
- Any other relevant documents

Signature: _____

Date: [Date]