

Travel Insurance Claim for Medical Expenses

Date: [Insert Date]

To,
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Claim Submission for Medical Expenses Incurred During Travel

Dear [Claims Department/Specific Person's Name],

I hope this letter finds you well. I am writing to formally submit a claim for medical expenses incurred while traveling abroad, covered under my credit card travel insurance policy. Below are the details of my claim:

Policy Holder Name: [Your Name]
Policy Number: [Your Policy Number]
Travel Dates: [Start Date] to [End Date]
Destination: [Destination Country/City]

Medical Provider: [Name of Medical Facility]
Date of Service: [Date of Medical Service]
Description of Medical Condition: [Brief Description]

Attached to this letter are the necessary documents to support my claim, including:

- Original medical bills and receipts
- Proof of payment
- Medical report from the doctor
- Copy of my travel itinerary

I kindly request your prompt attention to this matter and look forward to a swift resolution of my claim. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your assistance.

Sincerely,
[Your Name]
[Your Address]
[City, State, ZIP Code]