

# Travel Cancellation Insurance Claim Form

## Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

## Travel Details

Policy Number:

Booking Reference:

Original Departure Date:

Date of Cancellation:

Destination:

## Reason for Cancellation

Please describe the reason for cancellation:

## Refund Requested

Amount Claimed (USD):

**Submit Claim**