

# Insurance Coverage Travel Claim Form

Policy Number:

Full Name:

Email Address:

Contact Number:

Travel Dates:

Travel Destination:

Type of Claim (e.g. Medical, Cancellation, Lost Luggage):

Date of Incident:

Description of Incident:

Amount Claimed:

Upload Supporting Documents:

Choose File

No file selected

☐ I hereby declare all information is true and correct.

Submit Claim