

Trip Cancellation Claim Document

Personal Information

Full Name:

Policy Number:

Contact Number:

Email Address:

Trip Details

Destination:

Planned Departure Date:

Planned Return Date:

Cancellation Details

Date of Cancellation:

Reason for Cancellation:

Total Trip Cost (USD):

Amount Refunded by Provider (USD):

Supporting Documents

Upload Relevant Documents:

Choose File

No file selected

Submit Claim