

# 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:

No file selected