

Corporate Travel Delay Insurance Claim Form

1. Policyholder Details

Company Name

Contact Person

Email Address

Contact Phone Number

Policy Number

2. Traveller Details

Traveller Name

Employee ID

Department

3. Trip Details

Origin

Destination

Scheduled Departure Date & Time

Scheduled Arrival Date & Time

Actual Departure Date & Time

Actual Arrival Date & Time

4. Details of Delay

Total Delay Duration (hours)

Reason for Delay

5. Expenses Incurred Due to Delay

Expense Details (e.g. meals, accommodation)

Total Amount Claimed

6. Supporting Documents

List of Attached Documents

7. Declaration

I declare that the information provided is true and correct to the best of my knowledge.

Signature

Date