

Family Vacation Travel Insurance Claim Form

Policy Holder Information

Name

Policy Number

Email

Phone

Address

Travel Details

Destination

Departure Date

Return Date

Travel Companions (Names, Ages, Relationship)

Claim Details

Type of Claim

Date of Incident

Description of Incident

Amount Claimed

Supporting Documents

List Attached Documents

Declaration



I declare that the above information is true and correct.

Date

Signature