

Medical Emergency Travel Insurance Claim

1. Personal Details

Full Name

Policy Number

Date of Birth

Email Address

Contact Number

Home Address

2. Travel Information

Destination Country

Travel Dates

Date of Incident

3. Medical Details

Nature of Illness/Injury

Name & Address of Hospital/Clinic

Name of Treating Doctor

Details of Treatment Received

4. Claim Details

Total Amount Claimed

Currency

Bank Account Details for Reimbursement

5. Declaration

I declare that the information provided is true and complete.

Signature

Date