

Student Study Abroad Travel Insurance Claim Form

Full Name

Date of Birth

Student ID

Passport Number

Email Address

Phone Number

Home University Name

Host University Name

Address Abroad

Insurance Policy Number

Insurance Provider

Travel Dates

Departure Date

Return Date

Type of Claim

Date of Incident

Location of Incident

Description of Incident

Amount Claimed

Bank Details (for reimbursement)

Bank Name

Account Number

Account Holder Name

SWIFT/BIC

Signature

Date