

# Trip Cancellation Insurance Claim Form

## Policyholder Information

Full Name

Policy Number

Contact Number

Email Address

Address

## Trip Details

Travel Destination

Travel Dates

Booking Reference

## Reason for Cancellation

Reason

Date of Cancellation

# Expenses Claimed

Description	Amount (Currency)

# Supporting Documents

List of Attached Documents

# Declaration

I declare that the information provided above is true and complete.

Signature:

Date: