

# Travel Insurance Proof of Loss Report

Policyholder Name

Policy Number

Contact Information

Travel Dates

Departure Date

Return Date

Destination

Description of Loss / Incident

Date of Loss/Incident

Location of Loss/Incident

Items Lost, Damaged, or Expenses Incurred

Were local authorities notified?

If yes, provide report/reference number

Other Insurance Coverage (if any)

Declaration & Signature

Signature

Date