Travel Insurance Proof of Loss

Policy Information
Policyholder Name
Policy Number
Insurer
Insured Person Information
Full Name
Date of Birth
Phone Number
Email Address
Address
Address
Travel Details
Travel Start Date
Travel End Date
Doctination(a)
Destination(s)
Loss or Incident Details
Date of Loss / Incident

Location of Loss / Incident

Description of Loss or Incident
Estimated Amount of Loss (Currency)
Have you reported this loss to local authorities or third parties?
If yes, provide details (name, reference number, date, etc.)
Supporting Documentation
List of attached supporting documents
Declaration & Signature
I hereby declare that the above information is true and complete to the best of my knowledge. I understand that any false statement may result in the denial of my claim.
Signature
Date