

Travel Insurance Claim Form for Emergency Evacuation

The **travel insurance claim form** for emergency evacuation ensures quick and efficient processing of your request during critical situations. This sample form guides you through providing essential information to facilitate timely assistance and reimbursement. Properly completing the form can help secure coverage for urgent medical transport and related expenses.

1. Policyholder Information

Full Name

Policy Number

Contact Number

Email Address

2. Travel Details

Destination (Country, City)

Travel Dates (From - To)

3. Emergency Evacuation Details

Date of Evacuation

Reason for Evacuation

Location of Evacuation

Attending Physician's Name & Contact

4. Transportation Details

Mode of Evacuation Transport

-- Select --

Transport Provider

Total Cost of Transportation (in USD)

5. Supporting Documentation

Please attach the following documents:

- Medical report/physician's statement
- Proof of payment or invoice for evacuation and transport costs
- Copy of travel itinerary or boarding passes
- Any additional relevant documentation

List of Attachments

6. Declaration and Signature

I hereby declare that the information provided is true and complete to the best of my knowledge.

Signature

Date

Submit Claim