

Health Insurance Claim Form – International Travel

Preparing a **health insurance claim form** sample for international travel ensures you have the necessary documentation to request reimbursement efficiently. This form typically includes details about your medical expenses incurred abroad and personal information. Having a clear and accurate sample helps streamline the claim process and avoid delays.

Section 1: Personal Information

Full Name	
Date of Birth	____ / ____ / ____
Policy Number	
Email Address	
Contact Number	
Permanent Address	

Section 2: Travel Details

Country Visited	
Travel Dates	From: ____ / ____ / ____ To: ____ / ____ / ____
Purpose of Travel	

Section 3: Details of Illness or Injury

Date of Incident	____ / ____ / ____
Description of Illness/Injury	
Date First Consulted	____ / ____ / ____
Name & Address of Medical Provider	

Section 4: Medical Expenses

Service Received	Date	Provider	Amount (Currency)
	____ / ____ / ____		
	____ / ____ / ____		

Section 5: Payment & Bank Details

Bank Name	
Account Name/Number	
SWIFT/BIC Code	

Bank Address	_____
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Section 6: Declaration & Signature

I declare that the above information is true and complete to the best of my knowledge. I authorize the insurer to obtain necessary information from the medical provider(s).

Signature	_____
Date	____ / ____ / _____

Please attach original medical invoices, receipts, and relevant supporting documents.