

Travel Insurance Claim Form Sample for Medical Expenses

Filing a **travel insurance claim form** for medical expenses is essential to recover costs incurred during emergencies abroad. This sample template guides you through providing accurate details and necessary documentation. Using it ensures a smooth and efficient claims process for timely reimbursement.

1. Personal Information

Full Name:

Policy Number:

Date of Birth:

Email:

Phone Number:

2. Trip Details

Destination Country:

Departure Date:

Return Date:

3. Medical Incident Details

Date of Incident:

Location of Incident:

Description of Illness/Injury:

Treatment Received:

4. Expense Details

Medical Provider Name:

Total Medical Expenses Incurred:

Currency:

Attach Medical Bills/Receipts:

Choose File

No file selected

5. Declaration and Signature

☐ I declare that all the information provided above is true and correct to the best of my knowledge. I understand that submitting false information may lead to claim denial.

Signature:

Date:

Submit Claim