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TRAVEL INSURANCE CLAIM RECORD

INSURER / PLAN	POLICY NO.	CLAIM NO.	ASSISTANCE LINE	CLAIM TYPE

What happened (timeline)

Date / time	Event	Who confirmed it / reference	Evidence

Expenses claimed

Date	Expense	Currency / amount	USD	Receipt	Paid by
				❑	
				❑	
				❑	
				❑	
				❑	
				❑	
				❑	
				❑	

Total claimed	

Calls and correspondence

Date	With (insurer, airline, hospital)	Name / reference	What was said / agreed

CANCELLATION / INTERRUPTION

- ❑ Proof of trip cost and payment
- ❑ Cancellation / refund confirmations
- ❑ Doctor's statement (illness)
- ❑ Death certificate / employer letter
- ❑ Unused ticket receipts

MEDICAL

- ❑ Itemized medical bills
- ❑ Medical report / diagnosis
- ❑ Proof of payment
- ❑ Prescriptions
- ❑ Primary insurer EOB (if secondary)

DELAY / BAGGAGE

- ❑ Airline delay / cancellation letter
- ❑ Property irregularity report (PIR)
- ❑ Receipts for meals, hotel, essentials
- ❑ Police report (theft)
- ❑ Original itinerary and boarding passes