

Comprehensive Travel Insurance Benefit Statement

Policy Details

Policy Number: [_____]

Insured Name: [_____]

Coverage Start Date: [_____]

Coverage End Date: [_____]

Destination(s): [_____]

Insured Persons

Name	Date of Birth	Relationship
[_____]	[_____]	[_____]
[_____]	[_____]	[_____]

Summary of Benefits

Benefit	Coverage Limit	Deductible	Remarks
Medical Expenses	[_____]	[_____]	[_____]
Emergency Evacuation	[_____]	[_____]	[_____]
Trip Cancellation	[_____]	[_____]	[_____]
Baggage Loss/Delay	[_____]	[_____]	[_____]

Exclusions

- [_____]
- [_____]
- [_____]

Contact Information

Claims Hotline: [_____]

Email: [_____]

Assistance Provider: [_____]

Declaration & Signature

I hereby acknowledge receipt of the above benefit statement and confirm that the information provided is true and correct.

Signature: _____

Date: _____