

Travel Delay Benefit Statement

Policyholder Information

Name

Policy Number

Contact

Journey Details

Travel Dates

Origin

Destination

Carrier

Delay Details

Reason for Delay

Original Departure

Actual Departure

Total Delay

Benefit Summary

Eligible Expenses •
 •
 •

Claim Amount

Supporting Documents

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•
•

Declaration

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

Date: _____

Signature: _____

Note: Please ensure all sections are completed and all required documents are attached to avoid delay in processing your claim.