

# Trip Cancellation Benefit Statement Example

## Policyholder Information

Name	John Doe
Policy Number	TRAVEL-123456789
Contact	john.doe@email.com

## Trip Details

Trip Confirmation Number	TRIP-456789
Destination	Paris, France
Scheduled Departure	2024-08-05
Scheduled Return	2024-08-15

## Reason for Cancellation

Medical emergency (Doctor's note attached)

## Benefit Summary

Non-Refundable Expenses	\$2,500
Refunds Received	\$500
Deductible	\$100
Amount Payable	\$1,900

## Supporting Documents

- Doctor's statement
- Trip itinerary
- Proof of payment
- Refund documentation

## Declaration

I hereby declare that the above information is accurate and all relevant supporting documents have been provided.

\_\_\_\_\_  
Signature of Policyholder

Date: \_\_\_\_\_