

Comprehensive Travel Insurance Payment Confirmation

Confirmation Details

Confirmation No.**Date**

____ / ____ / ____

Policy No.**Insured Person(s)**

Name	Date of Birth	Passport No.
____	____ / ____ / ____	____
____	____ / ____ / ____	____

Travel Details**Destination****Travel Period**

____ / ____ / ____ to ____ / ____ / ____

Payment Information**Payment Date**

____ / ____ / ____

Payment Amount**Payment Method****Reference No.**

This is to confirm that payment for the above insurance policy has been received in full.

Please retain this confirmation for your records.

Authorized Signature

Date