

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