

TRAVEL INSURANCE CLAIM

Claim Notification Form

CLAIM NUMBER: CLM-2024-001234

POLICY NUMBER: GTI-2024-789456

CLAIMANT INFORMATION

Full Name: John Michael Smith

Policy Holder: Yes

Email: john.smith@email.com

Phone: +1 (555) 123-4567

Address: 123 Main Street, New York, NY 10001

INCIDENT DETAILS

Date of Incident: March 10, 2024

Claim Submitted: March 12, 2024

TYPE OF CLAIM: Flight Delay Compensation

Flight Details:

- Flight Number: American Airlines AA1234
- Route: John F. Kennedy (JFK) → Heathrow (LHR)
- Scheduled Departure: March 10, 2024 at 8:00 PM EST
- Actual Departure: March 11, 2024 at 2:00 PM EST
- Delay Duration: 18 hours
- Reason: Severe weather conditions

EXPENSES CLAIMED:

Description	Amount	Receipt
Hotel accommodation (1 night)	\$150.00	Attached
Meals and refreshments	\$75.00	Attached
Ground transportation	\$25.00	Attached
TOTAL AMOUNT CLAIMED:	\$250.00	

DECLARATION:

I declare that the information provided is true and complete to the best of my knowledge.

I understand that any false information may void this claim.

Signature: _____ Date: March 12, 2024

For office use only - Claim received and logged on March 12, 2024

Next steps: Documentation review and assessment within 5-7 business days