

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000010

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

## TRAVEL INSURANCE CLAIM

Claim Date: May 15, 2020

### TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000010	June 01, 2020 at 12:00 AM	AGENT00682
Vendor ID	Policy Effective Date	
N/A	December 19, 2015	

### POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC00007657	A00002020	Travel		
Customer Name				
Nicholas Honokaupu				
Address Line 1		Address Line 2		
1914 Stratford Downs Drive		N/A		
City	State	Postal Code		
Montgomery	AL	36117		
SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-3392	61	Yes	119 months	PhD
Employed	Family Members	House Type	Social Class	
Yes	4	Rent	HI	

### COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 15, 2020	May 20, 2020	4:00
Incident City	Incident State	Severity
San Leandro	CA	Major Loss

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000010

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

## TRAVEL INSURANCE CLAIM

Claim Date: May 15, 2020

### Authority Contacted

N/A

### Any Injury

No

### Police Report

No

## FINANCIAL & RISK INFORMATION

### Premium Amount

\$71.29

### Claim Amount

\$4,000.00

### Claim Status

A

### Routing Number

16215148

### Account (Masked)

.....8938

### Risk Segment

L

### Financial Summary:

- Total Claim Amount: \$4,000.00
- Monthly Premium: \$71.29
- Risk Category: L
- Status: A

## TRAVEL INSURANCE CLAIM DETAILS

### Trip Start Date

December 19, 2015

### Trip End Date

December 24, 2015

### Destination

Paris

### Loss Type

Baggage Loss

### Flight Reference

FL3758

### Covered Perils

Trip Cancellation / Baggage Loss / Medical Emergency

### Required Documents for Travel Insurance Claim:

- Travel Tickets (Flight/Train/Bus)
- Booking Confirmations (Hotel/Tour)
- Medical Reports (for medical emergency claims)
- Police Report (for theft/loss claims)
- Original Receipts for expenses
- Passport Copy
- Visa Copy (if applicable)
- Airline Confirmation (for delays/cancellations)

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000010

24/7 Helpline: 1-800-555-CLAIM | [claims@premierinsurance.com](mailto:claims@premierinsurance.com)

## TRAVEL INSURANCE CLAIM

Claim Date: May 15, 2020

### DECLARATION & AUTHORIZATION

#### DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

#### AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

#### ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date