

# 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

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### Authority Contacted

### Any Injury

### Police Report

N/A	No	No
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## FINANCIAL & RISK INFORMATION

### Premium Amount

### Claim Amount

### Claim Status

\$71.29	\$4,000.00	A
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### Routing Number

### Account (Masked)

### Risk Segment

16215148	*****8938	L
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### Financial Summary:

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

## TRAVEL INSURANCE CLAIM DETAILS

### Trip Start Date

### Trip End Date

### Destination

December 19, 2015	December 24, 2015	Paris
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### Loss Type

### Flight Reference

Baggage Loss	FL3758
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### 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)

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### 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