

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000005

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

TRAVEL INSURANCE CLAIM

Claim Date: May 17, 2020

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000005	June 01, 2020 at 12:00 AM	AGENT00636

Vendor ID	Policy Effective Date
VNDR00472	December 26, 2011

POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC00000204	A00008173	Travel

Customer Name

Jason Rodriguez

Address Line 1	Address Line 2
7573 National Drive	N/A

City	State	Postal Code
Livermore	CA	94550

SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-1033	51	Yes	16 months	Masters

Employed	Family Members	House Type	Social Class
Yes	2	Rent	HI

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 17, 2020	May 22, 2020	18:00

Incident City	Incident State	Severity
Nashville	TN	Major Loss

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Authority Contacted	Any Injury	Police Report
Police	No	Yes

FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$88.53	\$3,000.00	A

Routing Number	Account (Masked)	Risk Segment
70752391	*****4027	M

Financial Summary:

- Total Claim Amount: \$3,000.00
- Monthly Premium: \$88.53
- Risk Category: M
- Status: A

TRAVEL INSURANCE CLAIM DETAILS

Trip Start Date	Trip End Date	Destination
December 26, 2011	January 09, 2012	New York

Loss Type	Flight Reference
Trip Cancellation	FL2166

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