



Administered by: CG | INSURANCE

TRAVEL ARRANGEMENT PROTECTION REIMBURSEMENT FORM

Travel Protection Insurance

Please complete this form and send it to us with the appropriate proof of loss documents. Do not staple receipts to the form. This form and receipts must be received within 90 days of Departure Date and must include itemized invoices/receipts.

Please submit this form and supporting documents by: E-mail to TravelClaims.Grenada@cgcoralisle.com or Mail to the address below.

GENERAL INFORMATION

Primary Insured's Surname _____ First Name _____ Initials _____
Mailing Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Gender [] Male [] Female
Traveler ID No. _____ Trip ID No. _____
Date of Claim _____
Arrival Date _____ Departure Date _____

ADDITIONAL TRAVELLERS

Please list any additional travellers in your party:

Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []
Surname _____ First Name _____ Initials _____ []

Are any travellers in your party also seeking reimbursement? [] Yes [] No If Yes, please indicate which ones by ticking [] next to their name above.

REIMBURSEMENT INFORMATION

If reimbursement is being submitted for a child under the age of 18, please provide the name of parent or legal guardian:

Surname _____ First Name _____ Initials _____
Address if different from above: _____

DECLARATION

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Travel Protection Insurance.

Signature _____ Date _____