



Form of Assignment

This is to confirm that payment for expenses incurred by

(Claimant name).....

Have been paid by.....

of

Address.....

.....

Contact telephone number.....

I confirm that reimbursement from a resulting valid travel insurance claim is to be made to the above person or company

Description of expense.....

.....

Date expense incurred.....

If medical treatment received, name of medical provider.....

.....

Signed.....

Dated.....

This form should be sent with your claim form to the address on the front of the claim form