

[INSURANCE COMPANY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: _____
Date: _____
Policy ID: _____

POLICY HOLDER

[Full Name]
[Passport Number]
[Address]
[Phone Number]

TRAVEL DETAILS

Destination: [Country/Region]
Departure: [Date]
Return: [Date]
Duration: [X] Days

COVERAGE SUMMARY

Benefit Description	Limit/Sum Insured	Premium
Emergency Medical & Repatriation	[Amount]	[Amount]
Trip Cancellation & Curtailment	[Amount]	[Amount]

Benefit Description	Limit/Sum Insured	Premium
Personal Baggage & Loss of Documents	[Amount]	[Amount]
Personal Liability	[Amount]	[Amount]
Flight Delay/Missed Connection	[Amount]	[Amount]

Net Premium: [Amount]
Taxes/Levies: [Amount]
Administrative Fee: [Amount]
TOTAL PAYABLE: [Amount]

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name]
Account Name: [Account Name]
SWIFT/IBAN: [Details]
Reference: [Invoice Number]

This is a computer-generated document. No signature is required.
Coverage is subject to the terms and conditions outlined in the Policy Wording booklet.