

FORM OF ASSIGNMENT

This is to confirm that payment for expenses incurred by

(Your name)

have been paid by

Address

.....

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 Claims International