



		<b>TOTAL</b>	
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<b>TRAVEL DELAY</b>			
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Flight No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Scheduled time of Departure: \_\_\_\_\_ Actual time of Departure: \_\_\_\_\_ No. of Hours delayed: \_\_\_\_\_  
 Whether accomodation & boarding provided by carrier: Yes  No

Details of Expense incurred	Date	Place	Amount
<b>TOTAL</b>			

<b>TRIP CANCELLATION / TRIP INTERRUPTION</b>			
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Flight No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Scheduled time of Departure: \_\_\_\_\_ Cause for Cancellation / Interruption : \_\_\_\_\_

Details of Expense incurred*	Date	Place	Amount
Amount refunded by Common Carrier and Hotel			
<b>TOTAL</b>			

*\*Please note that this coverage applies if Trip is cancelled due to Illness, Injury or death to: You; Your Traveling Companion; Your Immediate Family*