[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Travel Interruption Claim
Policy Number: [Your Policy Number]
Claim Number: [If already assigned]

Dear Claims Department,

I am writing to formally submit a claim for travel interruption regarding my trip to [Destination], which was scheduled from [Start Date] to [End Date].

1. Reason for Interruption
My travel was interrupted on [Date of Incident] due to [State reason: e.g., illness, injury, natural disaster, airline failure]. As a result, I was unable to complete the remainder of my itinerary.

2. Summary of Expenses
Because of this interruption, I incurred the following non-refundable and additional costs:

- [Item 1: e.g., Unused hotel nights] - [Amount]
- [Item 2: e.g., New return flight ticket] - [Amount]
- [Item 3: e.g., Prepaid tour fees] - [Amount]

The total amount I am claiming is [Total Amount].

3. Documentation Provided
To support this claim, I have attached the following documents:

- Original travel itinerary and proof of payment.
- Documentation of the cause (e.g., medical report, airline notice, or death certificate).
- Invoices and receipts for all additional expenses incurred.
- Confirmation of non-refundability from the original service providers.

Please review these documents and process my claim at your earliest convenience. If you require any further information, please contact me via [Phone or Email].

Sincerely,

[Your Signature]

[Your Printed Name]