

早期帰国の場合：記入例

Name of Person Requesting Refund: お客様のお名前（ローマ字）

Policy Number: SCG または VMD から始まる保険証券番号

Date of Refund Request: 返金リクエストをする日

Name(s) of Insured(s) Requesting Refund: お客様のお名前（ローマ字）

Partial Refund: これを選択

Departure Date: 日本出国日（日／月／年）

Early Return Date: 日本帰国日（日／月／年）

Reason for Refund: 例のとおり記入

Documentation Enclosed: “Proof of date of return, for partial refunds only.*”を選択

SIGNATURE Insured: 署名（ローマ字筆記体か漢字）

Date: 署名をした日付（日／月／年）

2 ページ目を参照してください。

Refund Application

TuGo®
Travel Insurance

In order to process the refund correctly, please complete the entire form.
Refund requests received with incomplete information will not be processed.

Head Office
1200-6081 No. 3 Road
Richmond, BC, V6Y 2B2
Tel 604 276 9900 Fax 604 276 9409

Contact Us
refunds@tugo.com
Toll free 1 855 929 8846

[Click here](#) to fill out the form and submit electronically!

REFUND APPLICATION PROCEDURES

- All requests for refund must be submitted to TuGo using this Refund Application form.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- If you have determined that a refund is available, please complete the Refund Application (below). TuGo cannot determine if a refund is available until all applicable documents are reviewed.
- Supporting documentation from the Insured will be required for each refund. Refer to the Refund Application (below) for details.
- When TuGo has determined if a refund is available, a letter will be sent to your office providing instructions for refunding the Insured.
- Refunds may be subject to an administration fee.

REFUND APPLICATION FORM

Policy Details

Name of Person Requesting Refund: **Taro Yamada**

Agency Name: **BIIS**

Policy Number: **XXX1234567**

Date of Refund Request: **01 / 06 / 2022**

Name(s) of Insured(s) Requesting Refund

Taro Yamada

Full Refund

Partial Refund

Applicable to Single Trip - Partial Refunds for Early Return

Departure Date: **24 / 11 / 2021** Early Return Date: **25 / 05 / 2022**

Refund When no Travel has Taken Place

Applicable to Multi Trip Annual - Extensions

Extension Start Date: DD | MM | YYYY Early Return Date: DD | MM | YYYY Extension End Date: DD | MM | YYYY

Reason for Refund

Return to the country of origin permanently prior to the expiry date.

Documentation Enclosed

Proof of date of return, for partial refunds only.*

Copy of Death Certificate, if applicable

Copy of letter from Provincial Medical Plan indicating date coverage began.**

*If adequate documentation is not received or cannot be obtained, calculation of refund will be based on the post marked date of your written request. If you are in a broker's office requesting a refund and are unable to provide one of the documents as proof of return, the amount of the refund will be calculated based on the date you are in the broker's office. Date of cancellation must be the same as the date document is signed by insured.

**Applicable to Returning Canadians, Visitors to Canada/Students that have become eligible for provincial medical plan.

Insured or representative of the Insured's Declaration

I/We hereby declare and agree that no claim has been or will be submitted as of today's date.

Taro Yamada **01 / 06 / 2022**
SIGNATURE Insured Date

SIGNATURE Representative of the Insured Date DD | MM | YYYY

For Agent Use Only

Agent Code: **BRI357**

TuGo Office Use Only

Admin Fee:

Authorized By:

Date Processed:



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