COMPARER MES ASSURANCES

Prepare your travel insurance file

Destination(s) and stopovers: _____
Departure: _____ Return: _____

DOCUMENTS TO GATHER

[ ] Travel insurance policy and assistance contact details
[ ] Itinerary and reservations
[ ] Written answers from the insurer to important questions
[ ] Useful copies kept securely

QUESTIONS TO CONFIRM WITH THE INSURER

[ ] Are my dates and destinations covered?
[ ] Which exclusions, limits and deductibles apply?
[ ] Which rules apply to pre-existing medical conditions?
[ ] Are my planned activities covered?
[ ] What steps should I follow to contact assistance?
[ ] What supporting documents should I keep for a claim?
[ ] Which conditions apply to cancellation or interruption?

Assistance reachable from the destination: _____
Policy reference: _____
Trusted person in Canada: _____
Questions still to clarify: _____
Do not record your medical file on this worksheet. Address personal questions directly to the insurer.

Reference (French): Gouvernement du Canada - Assurance voyage
https://voyage.gc.ca/voyager/documents/assurance-voyage

Emergency contacts worksheet

Date contact details checked: _____
In an emergency in Canada: 911. Abroad, find out the local emergency number.

TRUSTED PEOPLE
Name / relationship / telephone: _____
Name / relationship / telephone: _____

INSURANCE AND ASSISTANCE
Home insurer / telephone: _____
Auto insurer / telephone: _____
Claims service / telephone: _____
Roadside assistance / telephone: _____
Travel assistance / telephone from abroad: _____
Other contact / telephone: _____

USEFUL REFERENCES
Location of insurance documents: _____
Location of the inventory backup: _____
Personal instructions: _____
_____

Check contact details on official documents. Keep this worksheet in a safe place and share it only with the people concerned. Do not enter passwords or banking information.

Request written confirmation

Subject: Request for written confirmation about my file

Hello,

Following our conversation on [date], I would like written confirmation about [specific question].

Here are the facts I presented to you:
[Factual description, without unnecessary information]

Could you clarify your answer, the applicable conditions or limits and the clauses or documents on which it is based? Please also tell me if you need more information to respond.

I want to make sure I understand your explanations before making any decision.

This request is not an instruction to change or cancel my policy.

Thank you,
[Name]
[File reference]
[Date]