

Travel Insurance Claim Form

1. Policyholder Information

Full Name

Policy Number

Date of Birth

Contact Number

Address

2. Travel Details

Destination

Travel Dates

3. Claim Details

Type of Claim

Date of Incident

Describe the Incident

4. Bank Details for Payment

Account Name

Account Number

Bank Name

5. Declaration



I declare that the information provided is true and correct to the best of my knowledge.

Signature

Date

Important Notes

- Submit supporting documents (e.g. medical reports, receipts, police reports) with your claim.
- Incomplete forms or insufficient documentation may delay claim processing.
- Notify your insurance provider as soon as possible after an incident occurs.
- Keep originals of all documents for your records.
- This form must be signed and dated to be valid.