

Travel Insurance Claim Form

Policyholder Information

Full Name

Policy Number

Email Address

Contact Number

Address

Travel & Claim Details

Travel From

Travel To

Departure Date

Return Date

Type of Claim

Description of Incident

Bank Details (for Claim Settlement)

Bank Name

Account Holder's Name

Account Number

Bank IFSC/Swift Code

Declaration

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I hereby declare that all information provided is true and complete to the best of my knowledge.