

Travel Accident Insurance Claim Form

Policy Number

Full Name Date of Birth Contact Number
 Email Address Address

Trip Destination Trip Dates Purpose of Trip

Date of Accident Location of Accident

Description of Accident Details of Injury

Hospital/Clinic Name Hospital/Clinic Address
Date of Admission Date of Discharge

Police Report Filed? Witness Details (if any)

Other Insurance Coverage? If Yes, Provide Details

Bank Account Details for Payment

Declaration

Signature

Date
