

Cruise Travel Insurance Claim Form

Policy Holder Details

Full Name

Date of Birth

Policy Number

Email Address

Phone Number

Address

Cruise Details

Cruise Line

Booking Reference

Departure Date

Return Date

Claim Details

Type of Claim

Amount Claimed

Description of Incident/Reason for Claim

Bank Details (for payment)

Account Name

Bank Name

Account Number

BSB/Sort Code

Declaration

Name

Date

Signature