

Group Tour Travel Insurance Claim Form

Policy Information

Policy Number

Group/Tour Name

Travel Dates

Contact Person Name

Contact Phone

Contact Email

Insured Members Details

Name	Passport No.	Date of Birth	Claim Type

Claim Details

Date of Incident

Type of Claim

Description of Incident

Amount Claimed

Bank Account Details

Account Holder Name

Bank Name

Account Number

Branch

Declaration

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I declare that all information given above is true and correct to the best of my knowledge.