

Pregnancy-Related Travel Insurance Claim Form

Personal Details

Full Name

Date of Birth

Address

Phone Number

Email

Policy Details

Policy Number

Policy Holder Name

Travel Details

Trip Start Date

Trip End Date

Travel Destination(s)

Purpose of Travel

Pregnancy Information

Expected Due Date

Weeks Pregnant at Start of Trip

Any Complications?

Attending Doctor's Name

Medical Center/Clinic

Claim Details

Nature of Claim

Claim Amount (\$)

Details of Incident

Bank Details (for Payment)

Bank Name

Account Holder Name

Account Number

IFSC/Swift Code

Declaration & Signature

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

Signature

Date