

# Travel Funeral Repatriation Insurance Claim

## 1. Policyholder Details

Full Name

Policy Number

Contact Number

Email Address

Address

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## 2. Deceased Details

Full Name of Deceased

Relationship to Policyholder

Date of Birth

Date of Death

Place of Death (City, Country)

Cause of Death

### 3. Funeral/Repatriation Details

Date of Repatriation

Destination Country

Funeral/Repatriation Service Provider

Contact Details of Service Provider

Total Claim Amount (Currency)

Details of Expenses

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### 4. Supporting Document Checklist

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Death Certificate

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Policy Document Copy

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Proof of Expenses

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Other (Specify Below)

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### 5. Declaration

I confirm that the information provided is true and complete.

Signature

Date

