

Cruise Travel Insurance Declaration

Personal Information

Full Name

Date of Birth

Passport Number

Nationality

Contact Number

Email Address

Cruise Information

Cruise Line

Booking Reference

Departure Date

Return Date

Destinations

Insurance Details

Insurance Provider

Policy Number

Coverage Period

Emergency Contact

Health Declaration

☐ I declare that I am fit to travel and have no pre-existing conditions that have not been disclosed. ☐ I have read and understood the policy terms and agree to the coverage limitations.

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

Signature

Date