Travel Insurance Claim Form

Personal Information

Full Name:

Date of Birth:

Email Address:

Contact Number:

Address:

Policy Information

Policy Number:

Policy Issue Date:

Claim Details

Type of Claim:

Date of Incident:

Description of Incident:

Claim Amount (USD):

Bank Details (for Claim Payment)

Bank Name:

Account Number:

IFSC/Swift Code:

Declaration

☐ I hereby declare that the information provided is true and complete to the best of my knowledge.

Submit Claim