International Travel Insurance Claim Form

Personal Information

Full Name:

Date of Birth:

Passport Number:

Address:

Email:

Contact Number:

Travel Details

Policy Number:

Destination Country:

Departure Date:

Return Date:

Claim Details

Date of Incident:

Type of Claim:

Description of Incident:

Claim Amount (in USD):

Bank Information for Settlement

Bank Name:

Account Number:

[   ]

IFSC/SWIFT Code:

[   ]

Declaration

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

[Submit Claim]