

Beneficiary Relationship Statement

For Travel Insurance Policies

Policyholder Details

Full Name

Enter policyholder's full name

Date of Birth

DD/MM/YYYY

Policy Number

Enter policy number

Contact Number

Enter contact number

Beneficiary Details

Full Name

Enter beneficiary's full name

Date of Birth

DD/MM/YYYY

Relationship to Policyholder

e.g., Spouse, Child, Parent, etc.

Contact Number

Enter beneficiary's contact number

Beneficiary Address

Enter full address

Statement

I hereby declare that the beneficiary listed above is related to me as stated, and this information is true and correct.

Signature of Policyholder

Date