

Nominee Information Statement for Travel Insurance Claims

Name of Policyholder

Policy Number

Claim Number (if applicable)

Name of Nominee

Date of Birth

DD/MM/YYYY

Relation to Policyholder

Address of Nominee

Contact Number

Email (if any)

Statement of Nominee

Please provide details relevant to your claim as nominee...

Signature of Nominee

(Sign here)

Date

DD/MM/YYYY

Note: Please attach valid photo identification and relationship proof of the nominee along with this statement.