

# Statement of Beneficiary Details for Overseas Travel Insurance

## Policyholder Information

Full Name

Date of Birth

Policy Number

Passport Number

## Beneficiary Details

Beneficiary Full Name

Relationship to Policyholder

Date of Birth

Contact Number

Address

ID/Passport Number

Percentage of Benefit

## Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I understand that any false statement may result in claim rejection and/or policy cancellation.

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Signature of Policyholder

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Date