

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.

Signature of Policyholder

Date
