

# Travel Insurance Claim Beneficiary Affidavit Form

## Policy Information

Policy Number

Name of Insured

Date of Incident

## Beneficiary Details

Full Name

Relationship to Insured

Address

Contact Number

Email

## Affidavit

I, the undersigned, do hereby solemnly affirm that I am the legitimate beneficiary entitled to make a claim under the above policy in respect to the insured event. I declare that all information provided above is true, complete, and correct to the best of my knowledge. I understand that any false statement or misrepresentation may result in denial of the claim and possible legal consequences.

Additional Remarks (if any)

Date

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Signature of Beneficiary

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Note: Attach a copy of government-issued ID and relevant supporting documents when submitting this affidavit form.