

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

Signature of Beneficiary

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