

Travel Insurance Payout Beneficiary Statement

Policyholder Information

Full Name

Policy Number

Date of Birth

Address

Contact Number

Beneficiary Information

Full Name

Relationship to Policyholder

Address

Contact Number

Payout Details

Claim Reference Number

Date of Incident

Nature of Claim

Payable Amount

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to provide any further documents if requested by the insurance company.

Beneficiary Signature

Date