

# Travel Insurance Payout Beneficiary Statement

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## Policyholder Information

Full Name

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Policy Number

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Date of Birth

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Address

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Contact Number

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## Beneficiary Information

Full Name

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Relationship to Policyholder

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Address

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Contact Number

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## Payout Details

Claim Reference Number

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Date of Incident

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Nature of Claim

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Payable Amount

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## 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.

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Beneficiary Signature

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Date