

Personal Accident Claim Form Sample for Travel Insurance

Download our **personal accident claim form** sample to simplify your travel insurance claim process. This template helps ensure all necessary details are accurately provided for faster approval. Make your claim hassle-free by using this comprehensive form.

Personal Accident Claim Form

Policyholder Details

Full Name:

Date of Birth:

Policy Number:

Contact Number:

Email Address:

Travel Details

Destination:

Date of Departure:

Date of Expected Return:

Accident Details

Date of Accident:

Location of Accident:

Description of Accident:

Details of Injuries Sustained:

Medical Treatment

Hospital/Clinic Name:

Attending Doctor's Name:

Treatment Received:

Bank Details for Reimbursement

Bank Name:

Account Number:

Account Holder Name:

Declaration

I declare that the information provided is true and complete to the best of my knowledge.

☐ I agree

Signature:

Date:

Submit Claim