

Travel Insurance Benefit Claim Form Sample

Use this **travel insurance benefit claim form sample** to accurately document and submit your insurance claims. It ensures all essential information is provided for a quicker, hassle-free benefits processing experience. Download and customize the form to suit your specific insurance policy needs.

1. Policyholder Information

Policy Number

Full Name

Address

Contact Number

Email Address

2. Trip Details

Departure Date

Return Date

Travel Destination(s)

3. Claim Details

Type of Claim

Select

Date of Incident

Description of Incident

4. Attachments

Please attach the following relevant documents:

- Copy of Policy Certificate
- Travel Itinerary
- Proof of Expenses (invoices, receipts, etc.)
- Police/Medical Reports (if applicable)

5. Bank Details (for claim payment)

Bank Name

Account Holder's Name

Account Number

Branch/IFSC Code

6. Declaration & Authorization

I hereby declare that the statements made above are true and complete to the best of my knowledge and belief. I authorize the insurance company to verify the information provided.

| Signature of Claimant | Date |
|-----------------------|------|
| | |

Submit Claim