

Travel Insurance Self-Declaration Form

The **travel insurance self-declaration form** sample provides a clear template for travelers to disclose essential health and personal information before their journey. This form ensures that insurers have accurate details to offer appropriate coverage and streamline claim processes. Using a standardized sample helps in maintaining consistency and reducing errors during submission.

Full Name:

Date of Birth:

Passport Number:

Nationality:

Travel Dates (From - To):

e.g. 2024-07-10 to 2024-07-20

Destination(s):

Contact Email:

Do you have any pre-existing medical conditions?

Yes No

If yes, please provide details here.

Are you currently taking any medication?

Yes No

If yes, please provide medication details.

Have you had any hospitalizations or surgeries in the past 12 months?

Yes No

If yes, please provide details.

Other Relevant Information (optional):

Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that withholding or misrepresenting information may result in denial or cancellation of

insurance coverage.

Signature:

Type your full name

Date:

Submit