

Travel Insurance Claim Form â€“ Accidental Death

Filing a **travel insurance claim** for accidental death requires accurate documentation to ensure timely processing. Our sample form guides you through the necessary information and supporting evidence needed. Complete the form carefully to facilitate a smooth claim experience.

1. Policyholder Information

Policy Number:

Policyholder's Full Name:

Policyholder's Date of Birth:

Contact Number:

Email Address:

Address:

2. Deceased's Information

Full Name of Deceased:

Relationship to Policyholder:

Date of Birth:

Date of Accident:

Place of Accident:

3. Accident Details

Description of Accident:

Reported to Police or Authorities?

Police/Case Report Number (if available):

4. Supporting Documentation

Please attach copies of:

- Death Certificate
- Copy of the Accident Report
- Proof of Relationship to Deceased
- Copy of Insurance Policy
- Identification of Claimant

Document upload is for sample only – actual submission may require originals or certified copies per insurer requirements.

5. Declaration

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

Claimant's Name:

Signature:

(Type Name as Signature)

Date:

Submit Claim

This is a sample travel insurance claim form for accidental death. Actual requirements may vary by insurer and jurisdiction.