



Chubb Insurance Pakistan Limited

6th Floor, N.I.C. Building
Abbasi Shaheed Road
Off Shahrah e Faisal
Karachi 74400

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Hospital Cash Plan Claim Form

This Claim Form is to facilitate your Claim in the event that you or a member of your family is confined to hospital while being insured under a Hospital Cash Plan.

You can help avoid unnecessary delay in processing of your claim by ensuring that:

1. Sections A, B, C are fully completed and that you have completed and signed the Declaration and Authorisation.
2. Section D is completed and signed by the Claimant's or attending Physician. Please submit, with this Claim Form, the Hospital bills (original or copy) as evidence of hospitalization. **The claimant is responsible for any expense incurred in obtaining medical evidence in support of a claim.**

You will appreciate that we must be able to satisfy ourselves as to the validity of all claims under the Hospital Cash Plan and to establish the exact period of and reason for hospitalization to ensure that the correct benefit is paid.

Section A: Policyholder's Information

- | | | |
|-----------------------------------|---|------------------|
| 1. Policyholder's Name: | 2. N.I.C. No.: | 3. Sex: |
| | | Male Female |
| 4. Usual Address: | 5. Address for correspondence regarding this claim (if any) | |
| | | |
| | | |
| | | |
| Tel. No.: | Tel. No.: | |
| | | |
| 6. Hospital Cash Plan Policy No.: | 7. Bank or Card Account Number (through which premiums are charged) | |

Section B: Claimant Information

- | | | |
|---------------------------|-------------------|------------------|
| 1. Full Name of Claimant: | 3. Date of Birth: | 4. Sex: |
| | | Male Female |
| 2. N.I.C. No.: | 5. Occupation: | |

Section C: Claim Information

1. Describe Injury or Sickness:

6. Name of Hospital:

Address:

2. a) If Injury - Date of Accident:

b) If Sickness - Date first symptoms appeared:

Address:

Country (if outside Pakistan):

3. If Injury - please detail the circumstances of the Accident:

Country (if outside Pakistan):

7. If Claimant to whom this claim relates is or was hospitalized

3. If Injury - please detail the circumstances of the Accident:

7. If Claimant to whom this claim relates is or was hospitalized outside Pakistan, please give the following additional information:

(a) Claimant's usual address:

4. Has the Claimant ever seen a Doctor for a similar condition in the past?

Yes No

IF YES - Please give following details;

(b) Purpose of the overseas trip:

Yes No

IF YES - Please give following details;

1. Date (s):

IF YES - Please give following details;

1. Date (s):

(c) Intended itinerary or destination:

2. Name and address of doctor/hospital:

(d) Intended duration of overseas trip?

From _____ to _____

5. Period of Hospital Confinement for which claim is made:
Date of Admission:

8. Who is the Claimant's usual Doctor?
Name:

Address:

Date of Discharge:

or expected duration of hospitalization:

or expected duration of hospitalization:

Declaration and Authorization

1. I declare that the above information is true and complete to the best of my knowledge and belief.
2. I hereby authorize any Doctor or any other person who has ever medically attended to the Claimant, or any hospital in which he or she has been treated to disclose any relevant knowledge or information which they acquired to Chubb Insurance Pakistan Limited, or their Authorized Representative.

Claimant's Signature:

Date:

3. I hereby request and authorize Chubb Insurance Pakistan Limited to pay benefit due in respect of this claim to:

Name:

Date:

Policy holder's Signature:

(If claimant is under 18 years of age)

(NOTE: If (a) The policyholder is claiming on his own behalf or (b) the Claimant concerned is a child under 18 years of age - only the Policyholder's signature is required).

Section D: Attending Physician's Statement

1. Patient's Name:
6. When did the Patient first receive medical attention for this condition?

2. N.I.C. No.:

By whom? Name:

3. Date of Birth:

Sex:

Male

Female

Address:

4. If Injury: When did the Accident occur? Date:

If Sickness: When did the symptoms first appear? Date:

7. Has the Patient ever had this or any similar condition?

Yes No

5. Nature of Injuries or Sickness: (Describe complications if any):

IF YES - Please give following details;

(a) Date:

(b) Other details regarding similar condition:

Final Diagnosis:

8. Period of Hospitalization

Admitted:

Discharged:

Attending Physician's Particulars:

Name:

9. Name of Hospital:

Address:

Full Address:

Qualifications:

10. Are you the Patient's usual Doctor?

Yes No

Tel. Nos.:

Name:

Physician's signature:

Address:

Date:

When completed, this form together with all relevant supporting documents, should be returned directly to:

Claims Department
Chubb Insurance Pakistan Limited
6th Floor, N.I.C. Building,
Abbasi Shaheed Road, Off Shahrah e
Faisal, Karachi.

Data protection

Protecting your privacy is very important to Chubb Insurance Pakistan Limited ("Chubb").

Any information that you or your medical representative provides in the claim form and/or Doctor's Statement is sensitive data and includes any information about your physical and mental health.

We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future. In order to administer your claim, this

information will be used by Chubb and its group companies. It may be held in computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies and private investigators for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes.

Chubb. Insured.SM

Chubb Insurance Pakistan Limited**CUSTOMER COMPLAINTS LEAFLET****بیمہ پالیسی کے متعلق شکایات**

Chubb is dedicated to providing high quality service and the way in which we handle complaints is an integral part of our service to customers.

This guide will help you inform us of your concerns so we can try to resolve them.

How to Complain

You may contact our office to complain in one of the following ways:

- By email at pakistan@chubb.com
- By telephone on UAN + 92 21 111 789 789 or Nationwide toll- free 0800 54321
- By letter to:

The Executive Secretary
Chubb Insurance Pakistan Limited
6th Floor, NIC Building
Abbasi Shaheed Road
Off Shahrah-e- Faisal
Karachi 74400

Please quote policy details on any correspondence.

It may be that we can resolve your complaint over the phone. We will endeavour to do this for any urgent issues. However, your complaint may require further investigation. If so, we will send you a written acknowledgement within 3 working days of receipt of your complaint stating:

- How we will handle it;
- Who will handle it;
- What you need to do, if anything;

Your complaint will be investigated by a senior member of our team.

You will be sent a detailed response within 1 working week of receiving your complaint. If we cannot respond in this time, we will write to you to explain and let you know when you should expect to receive a response.

If you have any concerns in the meantime, you can contact the person identified on the acknowledgement letter.

Our response will either:

- Accept your complaint and offer some form of redress, if necessary
- Reject the complaint giving full reasons for doing so

Not satisfied with our response?

If you have received a final response to your complaint from us and you are not satisfied, you may refer your complaint to the Chief Executive of Chubb Insurance Pakistan Limited for a second review, at the following address:

The Chief Executive
Chubb Insurance Pakistan Limited
6th Floor, NIC Building
Abbasi Shaheed Road
Off Shahrah-e-Faisal
Karachi 74400

Any referral to the Chief Executive should be made within 30 days from your receipt of our response.

If you are not satisfied with the response you receive from the Chief Executive, you may refer your complaint to the Federal Insurance Ombudsman's Secretariat, or to the Small Disputes Resolution Committee the details of which are in the attached leaflet. Any referral must be made within 30 days from your receipt of our response.

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سروئیر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

Any referral to the Ombudsman should be in writing to:

Federal Insurance Ombudsman
2nd Floor, Pakistan Red Crescent Society Annexe Building,
Plot # 197/5, Dr. Daud Pota Road, Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

وفاقی انشورنس محتسب
سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی
فون: 021-99207761-62
www.fio.gov.pk

We look forward to assisting you in resolution of any complaints you may have in respect of our services.

We therefore hope you will contact us in the first instance, prior to making any referral to the Federal Insurance Ombudsman in order to give us the opportunity to do so.

COMPLAINTS RESOLUTION FORUMS

Complaints in respect of Insurance Policy

If you have any complaint or grievance against the insurance company, broker, agent, surveyor or bank representative in respect of your insurance policy, you may file your complaint with the following offices:

FEDERAL INSURANCE OMBUDSMAN

2nd Floor, Pakistan Red Crescent Society Annexe Building,
Plot # 197/5, Dr. Doud Pota Road, Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (ISLAMABAD)

The Management Executive, Insurance Division, 3rd Floor,
NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad
Phone: 051-9207091-4 Ext: 439
Email: complaints@secp.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (LAHORE)

The Deputy Registrar of Companies, Company Registration Office -
Lahore, Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore
Phone: 042-99204962-66 Ext: 28
Email: complaints@secp.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (KARACHI)

The Deputy Director, Specialized Companies Division, 5th Floor, State
Life Building No.2, Wallace Road, Off I.I. Chundrigar Road, Karachi
Phone: 021-32414204
Email: complaints@secp.gov.pk

بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سروس پروائیڈر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں۔

وفاقی انشورنس محتسب،

سیکٹر فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ، پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی

فون: 021-99207761-62

www.fio.gov.pk

دفتری رابطہ کار (اسلام آباد)

سمال ڈسپیوٹس ریزولوشن کمیٹی، سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان

تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد

فون: 051-9207091-4 ایکسٹینشن: 439، ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (لاہور)

سمال ڈسپیوٹس ریزولوشن کمیٹی، سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان

ایسوسی ایٹ ہاؤس، 3rd فلور، 07-ایجرٹن روڈ، لاہور

فون نمبر: 042-99204962-66 ایکسٹینشن: 28، ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)

سمال ڈسپیوٹس ریزولوشن کمیٹی، 5th فلور، سٹیٹ لائف بلڈنگ 02، ولس روڈ، آئی آئی چندریگر روڈ، کراچی

فون نمبر: 021-32414204

ای میل: complaints@secp.gov.pk