

Contact us for more information:

T 0860 223 252 F 011 783 0812 myclaim@chubb.com

Claim form

Non Medical Travel

Please write in black ink and use block capital letters.

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute and admission of your claim by Chubb Insurance Limited South Africa

Please ensure:							
	You fully complete every question contained in this claim form.						
	You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number written in the top right hand corner.						
	Please attach to this claim form, or forward as so Copy of your air ticket(s) Identity document of the Policy Holder or claimant For air carrier loss/theft/damage – a property irregula For air carrier loss/theft/damage – the settlement adv For airline delays – a letter from the airline confirming For other loss/ theft – a police report from the country	ice from the air carrier g reason, date and duration of the delay					
	You or your legal representative has signed the claim for	m.					
1.	Personal details – to be completed by the policy holder	r					
Nan	ne of Policy:	Certificate/Policy Number:					
Full	Name of Policy Holder:	Name of Claimant:					
Nan	ne of Employer:	Name of Airline:					
— Hov	v did you pay for your air ticket: Bank:	Card Number:					

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Travel Dates					
Departure:			Country of Departure:		
Return:			Country of Destinati	on:	
Date of Birth:			Physical Address:		
ID No:					
Tel. No (Business):					
Tel. No (Home):			Fax No:		
Mobile No:			Email:		
2.Details of loss – please tick the relevan	t section being cla	aimed	for. This section to b	e completed by the policy holderbaggage.	
 □ Baggage Loss □ Baggage Delay □ Travel Delay □ Travel Cancellation/ Curtailment 			Personal Liability Loss of personal Belo Damage to personal Other		
Date on which loss occurred or was discovered:	Country in which was discovered?	loss	occurred or	If Baggage or Travel delay, how long was the delay?	
Country in which the delay was experienced?	Was the loss report airport official?	orted	to the airline or	Date that the loss was reported to the airline:	
Was a reference number provided?	Yes	No	Please provide the re	eference number:	
Was compensation received from the airline	? Yes	No	If Yes, please state a	mount?	

If not reported please provide reason:											
For loss of tangible property, are you the sole owner of the goods?	Yes	No	If No, please prov	vide details of the o	wner:						
Are you claiming from your Short term All Risk Insurer?	Yes	Yes No If Yes, na		ame insurer:							
			Policy Number:								
3.Details of items being claimed for											
Description of Purchased or Missing Articles Acquired From?	Replacement			ction For AGE, e, Wear & Tear	Sum Claimed for Present Value						
Please provide receipts for the replacement of items exceeding the value of R500.00.											
4. Authorisation											
Please note that this claim form will only be accepted	if this decl	laration	has been signed by	the policyholder, cla	imant or authorised person						
I hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for Chubb Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that nay misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.											
Signed by the claimant or his/her legal representa	tive on th	is		day of	20						
Signature											

Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: https://www.chubb.com/za-en/privacy-policy.html. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at https://www.chubb.com/za-en/privacy-policy.html.

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