

Ginsure Online Shopping Protect Group Policy

Claim Form



The information requested and supporting documents required for your claim are detailed below each section. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

Your insurance may not provide cover under every section shown in this claim form, please tick [✓] according to the type of claim you are filing for and complete the relevant sections:

Claiming for	Sections to be completed
1. Purchase Protection	<input type="checkbox"/> A, B, and C
2. Buyer Protection	<input type="checkbox"/> A, B, and D

Important Information

- In order to submit your claim, please complete the relevant sections.
- The supporting documentation required for your claim is detailed in each section.
- The issuance and acceptance of this form does not constitute an admission of liability by Chubb or a waiver of its rights.
- **Fraud Warning:**
Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

Section A: Particulars of Confirmation of Cover and Claimant

Name of Insured

GCash Account

Address of Insured / Claimant

Postal Code _____

Government ID No.	_____	Date of Birth	_____ DD / _____ MM / _____ YYYY
Nationality	_____	Age	_____
Tel No. (Mobile)	_____	Tel No. (Residence)	_____
Tel No. (Office)	_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Residence	_____		_____
Email	_____		

Section B: Payment Details

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorize and request Chubb to pay the benefit due in respect of this claim as follows :

Electronic Fund Transfer

Insured Claimant/Payee Name (as per bank account name) _____

Name of Bank _____

Branch Code No. _____ Account No. _____

Privacy Statement

Insurance Company of North America (a Chubb Company) (“Chubb”) is committed to protecting your privacy. Chubb collects, uses, and handles your personal information only in accordance with Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”, its Implementing Rules and Regulations, and other issuances of the National Privacy Commission. A copy of our Privacy Policy is available on our website at www.chubb.com/ph or by contacting our Customer Service Hotline on +632 8849-6000.

Your personal information will be used by Chubb, or any third party that Chubb provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information may include:

- (a) any information provided in relation to your claim;
- (b) any information that is sensitive personal information, including, without limitation, your Name, Date of Birth, Address, Phone Number, Email Address, IMEI/Serial Number;
- (c) any other personal information that you may provide to Chubb or its third-party contractors;
- (d) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

Chubb may disclose your personal information to other entities within the Chubb Group, other insurers, our reinsurers or third parties, including contractors and contracted service providers (such as assessors or investigators) who we, or those other Chubb Group entities, have engaged to provide a specific service. Those entities may be located overseas, for example the regional head office of Chubb in Singapore or third parties with whom we or those other Chubb Group entities have subcontracted to provide a specific service for us, which may be located outside of the Philippines. Chubb will keep this information for a reasonable period.

Chubb may record telephone calls to make sure it follows instructions correctly and for staff training purposes. When personal or sensitive personal information is supplied to Chubb about third parties other than the insured, both during the formation and performance of this policy, Chubb assumes that those third parties consent to the supply of this information to Chubb, to Chubb processing this personal data, and to the transfer of their information abroad. Chubb will also assume that the supplier of the information is authorized to receive, on their behalf, any data protection notices.

If you do not consent to the terms of this Privacy Consent or revoke your consent, Chubb may not be able to process or assess your claim.

If you have a complaint or want more information about how Chubb is managing your personal information, please contact the Data Protection Officer, Insurance Company of North America (a Chubb Company), 24th Floor Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City 1226 on +63 2 8849 6080 or email dpo.ph@chubb.com

Declaration

I declare that I understand that by investigating my claim or by accepting proof of my claim, Chubb has made no acceptance of liability, or waived any of its rights in defense of any claim arising under the policy.

I agree to Chubb using the information supplied during the formation and performance of my policy for policy administration, customer services, paying claims and fraud prevention.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb.

I authorize any person or entity, including but not limited to the parties referred to above, to provide to Chubb such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I authorize Chubb to do whatever is necessary or expedient to give effect to the transactions contemplated by this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent.

I have read, understood and accept the Privacy Statement and Declaration.

Signature Over Printed Name

/ /
Date

Contact Us

The Data Protection Officer
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Chubb Company

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