



Business Travel Insurance – Medical Expenses
MasterTravel

LOSS NOTIFICATION FORM

We would like to point out that the Business Travel Insurance only covers medical expenses if these are not covered under other policies (health Insurance, other travel insurance, etc.). We advise you to claim your medical expenses with your health care insurer. Only medical expenses that were incurred abroad might be eligible for compensation.

In case of urgent medical problems insured is obliged to contact the specialized aid organization Chubb Assistance (or to have them contacted): Telephone number: +31 (0)23 - 56 25 472

Insured information

Policy number :
Policy is in the name of :
Name of insured : [] Mr. / [] Mrs. / [] Ms.....
Address :
Postal code and place of residence :
Email address :
Travel destination :
Reason for travel :
Departure date from home / work :
Planned date for return journey :
When was the journey booked? :
Travel expenses were paid by :
Compensation to be paid to :
Bank account number, IBAN :
Ascription of the account :
Name bank :
BIC (Bankcode) :
Have you contacted Chubb Assistance for this claim: [] No
[] Yes, on date:

Please enclose a statement from your employer that you were travelling at their expense and under their authority on the loss date?

We kindly request you to complete the following pages as accurately as possible and enclose the requested documents. You can send the Loss Notification Form and enclosures to your broker or to:

Chubb Insurance Company of Europe SE
Attn. of Claims Department
P.O. Box 704
2130 AS Hoofddorp

By email: schade@chubb.com



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1. If your claim relates to an illness:

Nature of illness:

Date illness first occurred:

Have you suffered from this illness before? No Yes

Did you consult a doctor before the start of this journey? No Yes

2. If your claim relates to an accident:

When did this accident take place?

Where did the accident take place?

Is there any chance of permanent injury?

No

Yes, namely:

Please clearly state what happened and which injury you sustained?

.....
.....
.....
.....

3. Is anyone besides yourself to blame for this accident?

No

Yes, namely name:

address:

place of residence:

country:

telephone number:

4. Claimed expenses

Please state below which medical expenses you are claiming. Please enclose original invoices.

Name	currency	amount	treatment/medicine

Who paid the expenses?



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If you have incurred any further expenses that would not have been made without the accident/illness, could you list these below? Please enclose invoices.

EUR voor:
EUR voor:

5. If you visited a doctor or a hospital, please fill in the information below:

Name hospital/ care organization:
Address:
Postal code, place of business
Country:
Name of the doctor:

Who is your health insurer? / Where are your medical expenses insured?

Insurer:
Address:
Policynumber:

Did you claim the named medical expenses with the above mentioned health insurer?

- No
Yes, the claim is registered there under reference:

If the health insurer rejected your claim, please attach copies of correspondence from which we can derive that.

On the basis of the information you have supplied on this loss notification form we will decide which additional information might be necessary to settle this claim. Please state your telephone number and/or email address where you can be reached should we require further information:

Telephone number (daytime):
Email address:

Remarks:
.....
.....
.....

Hereby the undersigned states that the above was completed to the best of his/her knowledge and in accordance with the truth and that he/she has not withheld any relevant details.

Name:
Date, Place of residence:
Signature: