



Business Travel Insurance – Special Expenses  
MasterTravel

## LOSS NOTIFICATION FORM

### Insured information

Policy number : .....  
Policy is in the name of : .....  
Name of the 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)

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

We kindly request you to complete the following questions for the sections that apply to your situation as completely as possible and enclose the requested documents.

You should 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](mailto:schade@chubb.com)



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### 1. Delayed luggage arrival: When did you arrive at your destination?

Date: .....

Time: .....

When did your luggage arrive at your destination?

Date: .....

Time: .....

Which personal necessities (toiletries and clothing) did you purchase in relation to the delayed arrival of your luggage?  
Please enclose all **receipts**.

Article	Store	Currency	Amount

Why was this purchase essential?

.....  
.....

Which airline did you travel with?

What is your ticket number? (please enclose a copy) .....

Have you put in a claim with your airline company? ☐ No ☐ Yes, on date: .....

Have you received an indemnity from the airline company? ☐ No ☐ Yes, Euro: .....

### 2. Extra travel and accommodation expenses and unforeseen expenses on account of an accident or illness. (This section does NOT cover medical expenses and should be therefore first submitted to the health insurer)

This relates to: ☐ an illness, namely .....

☐ an accident:

- location of the accident: .....

- nature of the accident: .....

- injury sustained: .....

Did your visit a doctor for this? ☐ No

☐ Yes, in: .....

Date of accident or illness: .....



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Would you fill in below which extra costs you are claiming and the reason these costs were incurred? Please enclose all **invoices**.

Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:

If your trip included air travel we kindly request you to enclose a **copy of the ticket for the flight that was originally booked**.

### 3. Extra travel and accommodation expenses in case of interruption of a journey or early return

When did you return home? .....

How did you return home (means of transport)? .....

What was the reason for the interruption of your journey or early return?

We kindly request you to enclose **evidence**. Depending on the situation this might be amongst others: statement of employer, copy of death certificate or obituary notice, police report, etc.

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Could you indicate below which extra costs you are claiming and why these costs were incurred?

Please enclose all **invoices**.

Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:

If your trip included air travel we kindly request you to enclose a **copy of the ticket for the flight that was originally booked**

### 4. Extra travel and accommodation expenses in case of forced delay on return journey

Why did the planned return journey have to be delayed? .....

.....

.....

.....



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Which extra expenses did you incur? Please enclose all invoices.

Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:
Eur	For:

In case of airline travel:

Which airline did you travel with? .....

What is the number of your ticket? (enclose a copy please) .....

Did you put in a claim for the extra expenses for travel and accommodation with your airline company?

☐ No, because .....

☐ Yes: ☐ I received an indemnity of EUR .....

☐ As yet I have received no communication about an indemnity.

☐ The claim was rejected by the airline company because: .....

.....

.....

(If possible, please enclose copies of any correspondence)

When did you return home? .....

How did you return home (means of transport)? .....

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: .....