



CHUBB INSURANCE COMPANY OF EUROPE SE

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Loss notification Form Business Travel Insurance - Cancellation

Policy number: _____

Policy is in the name of: _____

Name insured : Mr. / Mrs./Ms. _____

Address: _____

Postal code and place of residence: _____

Travel destination: _____

Reason for travel: _____

Planned departure date from home: _____

Planned date for return journey: _____

When was journey booked?: _____

When was the journey cancelled: _____

Travel expenses were paid by: _____

Compensation to be paid to: _____

Bank account number: _____

Ascription of the account: _____

Name bank: _____

Please enclose a statement from your employer that the cancelled journey was to take place at their expense and under their authority?

Please indicate clearly the reason that you cancelled the journey and when it became apparent the journey would have to be cancelled.

Please enclose as much evidence as possible. Depending on the situation this might be a medical certificate, obituary notice, police report, etc.

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What does your loss amount to? EUR _____

Please enclose the cancellation or the invoice for transfer of the journey.

If cancellation of the journey was not possible we would like to receive the following documents:

- evidence that cancellation was not possible
(such as copies of correspondence with the travel organisation)
- the reservation slips

Based on 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 (during the day) _____

Email address _____

Additional information:

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 details.

Name: _____

Date, place of residence _____

Signature _____

This form consists of 2 pages (excluding enclosures)

The Loss Notification Form with enclosures should be sent to your broker or to:

Chubb Insurance Company of Europe SE
Claims Department
Postbus 704
2130 AS Hoofddorp