



Business Travel Insurance – Cancellation
MasterTravel

LOSS NOTIFICATION FORM

Insured's 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 : .....
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, IBAN : .....
Ascription of the account : .....
Name bank : .....
BIC (Bankcode) : .....

- 1. Please enclose a statement from your employer that the cancelled journey was to take place at their expense and under their authority?
2. 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.

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



Business Travel Insurance – Cancellation
MasterTravel

3. What does your loss amount to? EUR: .....

4. Please enclose the following documents:

- the reservation slips and/or ticket of the originally booked journey

If cancellation of the journey was not possible and the full amounts had to be paid:

- evidence that cancellation was not possible (e.g. copies of correspondence with the travel organisation)

If the journey could be cancelled or rescheduled for a certain amount:

- the invoice for cancellation or rescheduling

6. Additional information you would like to add:

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

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 e-mail address where you can be reached should we require further information:

Telephone number (during the day) : .....

Email address : .....

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 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

By email: schade@chubb.com

This form consists of 2 pages (excluding enclosures)