



Chubb Insurance Pakistan Limited

6th Floor, N.I.C. Building
Abbasi Shaheed Road
Off Shahrah e Faisal
Karachi 74400

P O Box 4780
Karachi 74000

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F +92 21 3568 3935
pakistan@chubb.com
www.chubb.com/pk

Personal Accident Claim Form

The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the company. The acceptance of this form is not in itself an admission of liability on the part of the Company.

Part 1

(To be completed by insured or claimant if insured is a minor)

Name of Insured:

Address:

CNIC No.:

Policy No.:

Tel. No. (Home):

Tel. No. (Office):

Date of Birth (dd/mm/yy):

Sex (Male / Female):

1. Present occupation (if more than one, state all):

2. Exact nature of occupational duties and monthly earnings:

3. Name and address of business or employer:

4. Date of Injury:

5. Give full description of the accident which caused the injury:

6. Name and address of doctor(s) who treated you and consultation date(s):

7. Details of hospitalization (Please attach discharge note and Hospital bills):

(a) Name of hospital:

(b) Period of hospitalization:

8. Date on which you last worked prior to disability:

9. Date on which you returned to work or expect to return:

10. How long have you been totally or partially disabled from engaging in or attending to your usual business as the result of the injuries?

11. Name and address of any witness of the incident:

12. Name and address of your usual physician:

13. Are you making any other insurance of compensation claim as a result of this sickness?

Policy No.:

Yes No

Amount of benefits:

If yes, state:

Name of Insurance Company:

Date Insurance Effected:

I, the undersigned, do hereby declare that to the best of my knowledge and belief, the foregoing particulars are true and correct, all hospital / doctor's bills and receipts are herewith furnished.

Date:

Signature:

Name:

Authorization

I hereby authorize any hospital, doctor or other person who has attended me to furnish Chubb Insurance Pakistan Limited, or its representative any and all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorization shall be considered as effective and valid as the original.

Name:

Signature:

CNIC No.:

N.B.: No claim can be admitted unless medical certificates from a duly qualified and registered medical practitioner on the form below be furnished at the expense of the Insured:

Part 2

Name of patient:

Sex (Male / Female):

Date of Birth (dd/mm/yy):

NIC No.:

1. Date on which you first saw the patient:

2. Was injury due to an accident?

Yes No

3. Was the patient referred to you by a General Practitioner?

4. Of what symptoms did the patient complain?

Yes No

If so, please indicate his/her name and address:

5. When did patient first consult you for this condition?

6. Had the patient previously seen any other doctor on account of these symptoms?

Date:

Yes No

(a) According to the patient, how long had he/she been experiencing these symptoms?

If so, please give details:

(b) How long do you feel the symptoms had lasted?

7. (a) What is your diagnosis?

(b) Did you inform the patient of your diagnosis?

Yes No

9. Is patient still under your care for this condition?

Yes No

10. Bearing in mind the patient's occupation as stated overleaf, do you feel that the injuries or sickness would have prevented him from working?

Yes No

11. How long has the Patient been totally or partially disabled from engaging in or attending to usual business as a result solely of the injury?

12. How much longer do you consider such disablement will continue?

13. Give details of any circumstances, such as intoxication, physical defects or medical history which may have contributed to the accident or sickness and/or lengthen the period of disability:

8. Did injury require?

(a) Hospitalization?

Yes No

If yes:

Date of Admission:

Date of Discharge:

(b) X-Rays?

Yes No

(c) Special Diagnostic procedure?

Yes No

(d) Surgery?

Yes No

If yes, type of surgery:

I hereby certify that I have personally examined and treated the patient for the above injuries/sickness and that the facts as given above present my opinion of his/her condition.

Name of Physician:

Date:

Address:

Signature:

Tel. No.:

Qualification:

When completed, this form together with all relevant supporting documents, should be returned directly to:

Claims Department

Chubb Insurance Pakistan Limited

6th floor, National Insurance Corporation Building,
Abbasi Shaheed Road, Off Sharea Faisal, Karachi.

T (021) 111 789 789

pakistan@chubb.com

Chubb. Insured.SM

Chubb Insurance Pakistan Limited

CUSTOMER COMPLAINTS LEAFLET

بیمہ پالیسی کے متعلق شکایات

Chubb is dedicated to providing high quality service and the way in which we handle complaints is an integral part of our service to customers.

This guide will help you inform us of your concerns so we can try to resolve them.

How to Complain

You may contact our office to complain in one of the following ways:

- By email at pakistan@chubb.com
- By telephone on UAN + 92 21 111 789 789 or Nationwide toll- free 0800 54321
- By letter to:

The Executive Secretary
Chubb Insurance Pakistan Limited
6th Floor, NIC Building
Abbasi Shaheed Road
Off Shahrah-e- Faisal
Karachi 74400

Please quote policy details on any correspondence.

It may be that we can resolve your complaint over the phone. We will endeavour to do this for any urgent issues. However, your complaint may require further investigation. If so, we will send you a written acknowledgement within 3 working days of receipt of your complaint stating:

- How we will handle it;
- Who will handle it;
- What you need to do, if anything;

Your complaint will be investigated by a senior member of our team.

You will be sent a detailed response within 1 working week of receiving your complaint. If we cannot respond in this time, we will write to you to explain and let you know when you should expect to receive a response.

If you have any concerns in the meantime, you can contact the person identified on the acknowledgement letter.

Our response will either:

- Accept your complaint and offer some form of redress, if necessary
- Reject the complaint giving full reasons for doing so

Not satisfied with our response?

If you have received a final response to your complaint from us and you are not satisfied, you may refer your complaint to the Chief Executive of Chubb Insurance Pakistan Limited for a second review, at the following address:

The Chief Executive
Chubb Insurance Pakistan Limited
6th Floor, NIC Building
Abbasi Shaheed Road
Off Shahrah-e-Faisal
Karachi 74400

Any referral to the Chief Executive should be made within 30 days from your receipt of our response.

If you are not satisfied with the response you receive from the Chief Executive, you may refer your complaint to the Federal Insurance Ombudsman's Secretariat, or to the Small Disputes Resolution Committee the details of which are in the attached leaflet. Any referral must be made within 30 days from your receipt of our response.

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سروئیر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

Any referral to the Ombudsman should be in writing to:

Federal Insurance Ombudsman
2nd Floor, Pakistan Red Crescent Society Annexe Building,
Plot # 197/5, Dr. Daud Pota Road, Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

وفاقی انشورنس محتسب
سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی
فون: 021-99207761-62
www.fio.gov.pk

We look forward to assisting you in resolution of any complaints you may have in respect of our services. We therefore hope you will contact us in the first instance, prior to making any referral to the Federal Insurance Ombudsman in order to give us the opportunity to do so.

COMPLAINTS RESOLUTION FORUMS

Complaints in respect of Insurance Policy

If you have any complaint or grievance against the insurance company, broker, agent, surveyor or bank representative in respect of your insurance policy, you may file your complaint with the following offices:

FEDERAL INSURANCE OMBUDSMAN

2nd Floor, Pakistan Red Crescent Society Annexe Building,
Plot # 197/5, Dr. Doud Pota Road, Karachi
Phone: 021-99207761-62
Website: www.fio.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (ISLAMABAD)

The Management Executive, Insurance Division, 3rd Floor,
NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad
Phone: 051-9207091-4 Ext: 439
Email: complaints@secp.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (LAHORE)

The Deputy Registrar of Companies, Company Registration Office -
Lahore, Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore
Phone: 042-99204962-66 Ext: 28
Email: complaints@secp.gov.pk

OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (KARACHI)

The Deputy Director, Specialized Companies Division, 5th Floor, State
Life Building No.2, Wallace Road, Off I.I. Chundrigar Road, Karachi
Phone: 021-32414204
Email: complaints@secp.gov.pk

بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کر سکتے ہیں۔

وفاقی انشورنس محتسب،

سیکنڈ فلور، پاکستان ریڈ کریسنٹ سوسائٹی، انیکسی بلڈنگ، پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتاروڈ، کراچی

فون: 021-99207761-62

www.fio.gov.pk

دفتری رابطہ کار (اسلام آباد)

سہل ڈسپوٹس ریزولوشن کمیٹی، سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان

تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد

فون: 051-9207091-4 ایکسٹینشن: 439، ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (لاہور)

سہل ڈسپوٹس ریزولوشن کمیٹی، سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان

ایسوسی ایٹ ہاؤس، 3rd فلور، 07-ایجرٹن روڈ، لاہور

فون نمبر: 042-99204962-66 ایکسٹینشن: 28، ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)

سہل ڈسپوٹس ریزولوشن کمیٹی، 5th فلور، سٹیٹ لائف بلڈنگ 02، والس روڈ، آف آئی آئی چندریگر روڈ، کراچی

فون نمبر: 021-32414204

ای میل: complaints@secp.gov.pk