

CHUBB®

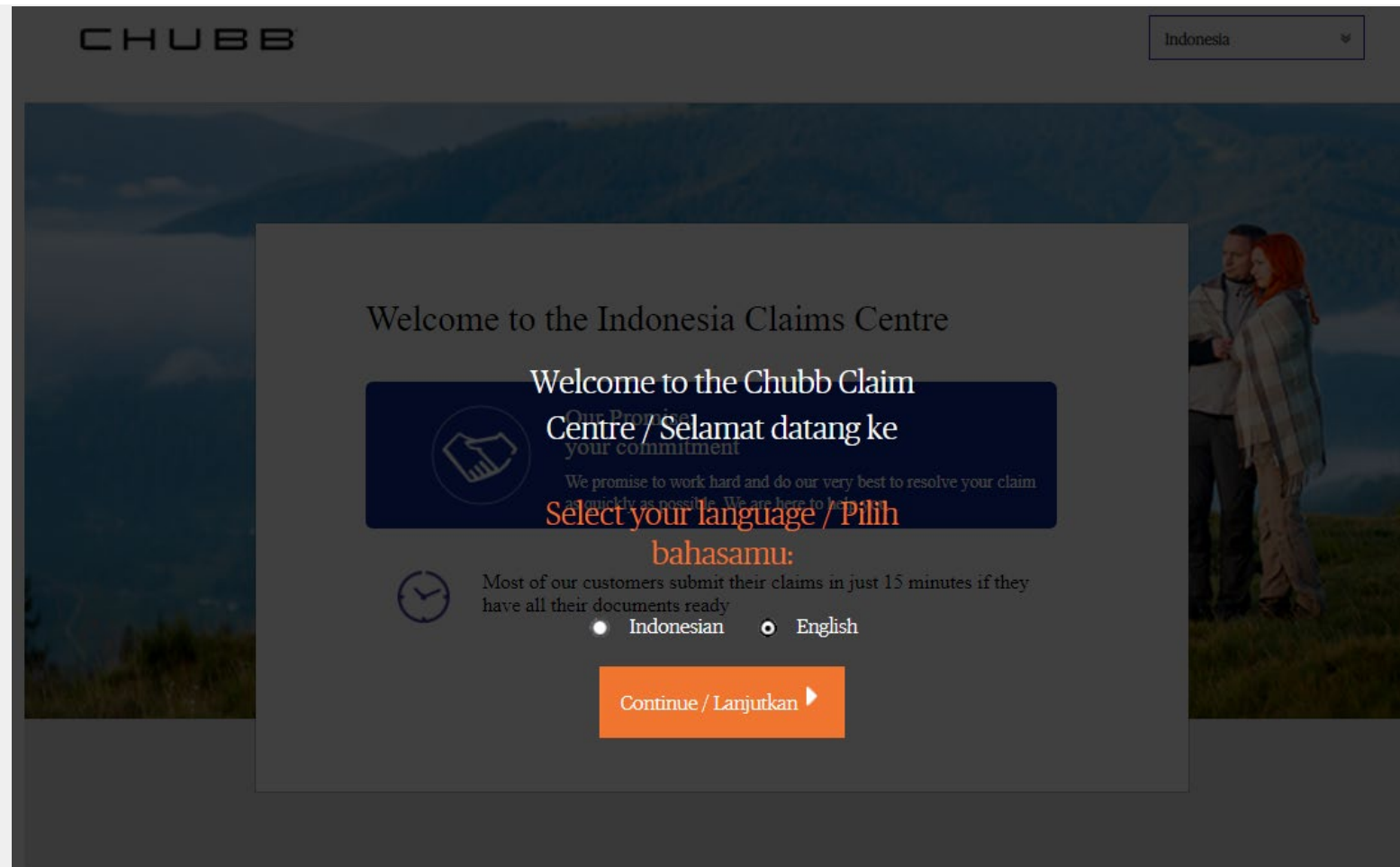
Chubb Claim Centre Claim Portal Guidelines

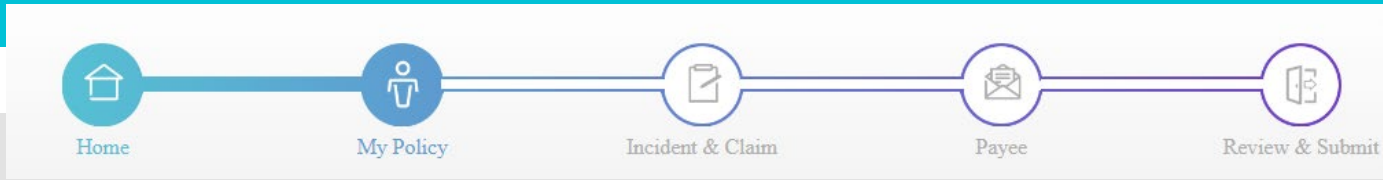


1 Home Page

“Welcome to the Chubb Claim Centre” (www.chubbclaims.id)

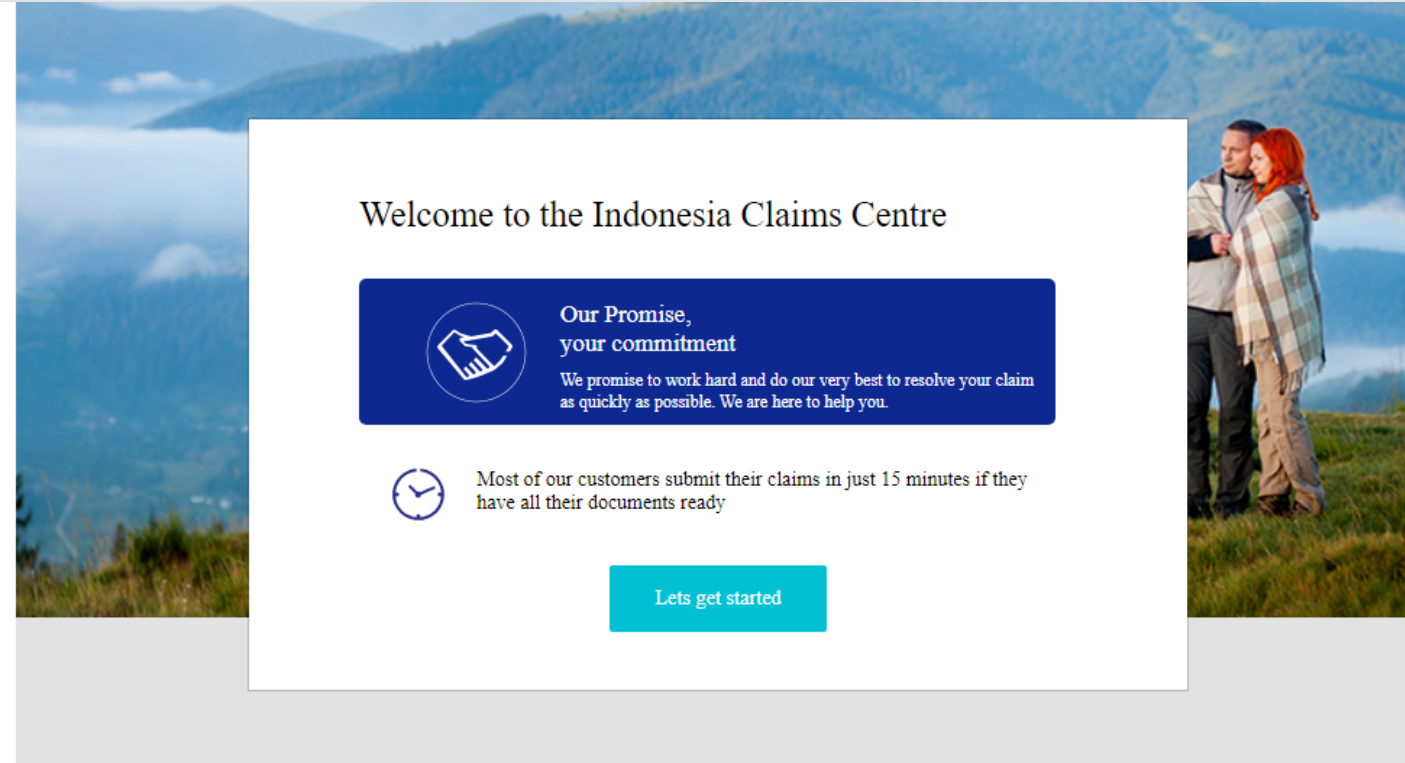
When the language option is visible, customers can select the desired language.





1 Home Page

To start the claim submission process, please click “**Let Get Started**” button



Why should I claim online?

- ✓ Receive immediate confirmation of submission
- ✓ Less steps and time to complete your claim
- ✓ Receive status updates on your claim

Already made your claim?

Check my claim status



Home



My Policy



Incident & Claim



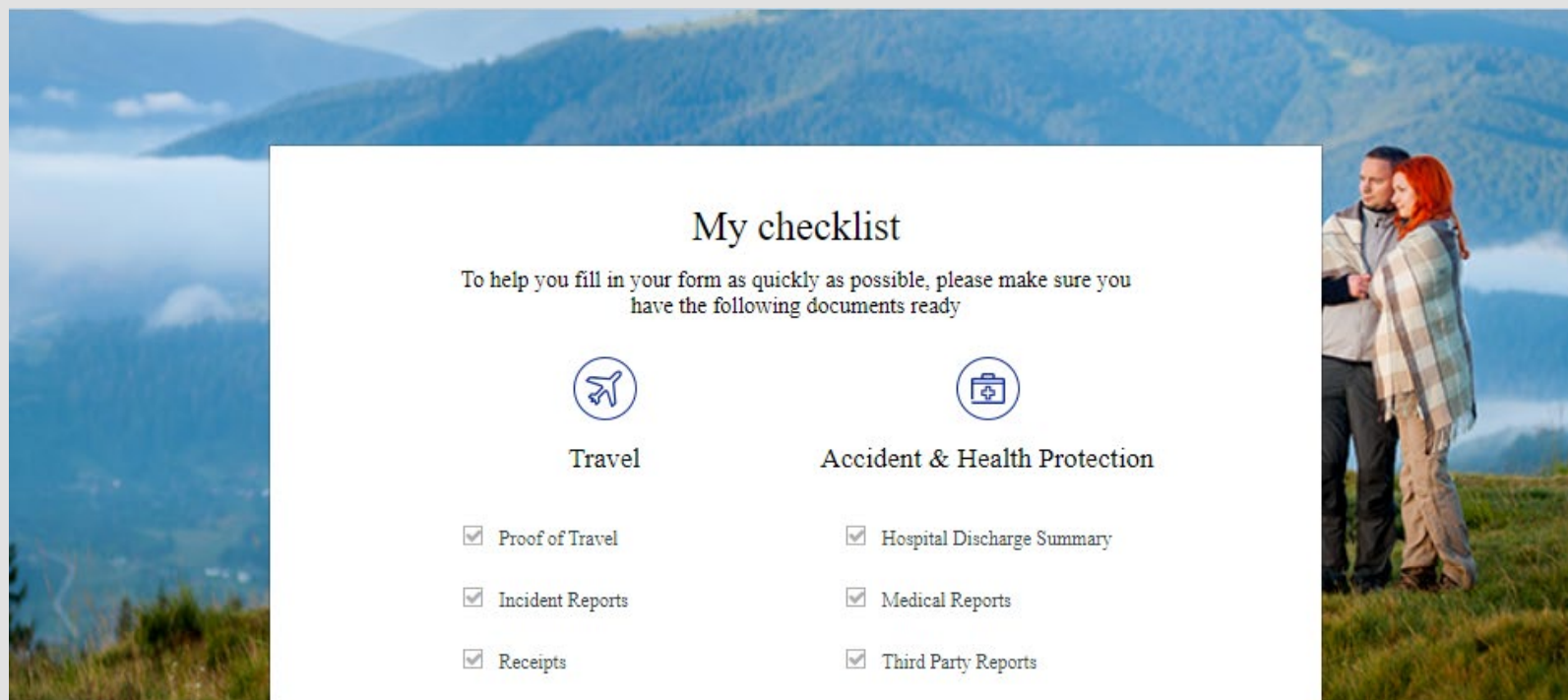
Payee



Review & Submit

1 Home Page

Click "I'm ready"





Home



My Policy



Incident & Claim



Payee






Review & Submit

1 Home Page

Click “Got it! Start my claim now”

My Claim Report process

-  **Keep your session active**
For security purposes, your session will time out after 20 minutes of inactivity and you will lose all progress. We understand it can take time to find claim documents, so please make sure you occasionally click the screen to keep your session active.
-  **Complete your form in 1 session**
Again for your security you will be unable to save your progress and will need to complete your form in one session. This session can last as long as you require, simply remember to keep your session active.
-  **Submit Today**
A fully completed form means we can process your claim more quickly. However if you are missing optional information, it is best to submit your claim today so we can start the process and you can forward optional information at a later date.

[Got it! Start my claim now](#)

2 My Policy

Type the Customer's Policy number

The screenshot shows the 'My Policy' section of the Chubb Claim Centre Claim Portal. At the top, a navigation bar contains five icons: Home, My Policy, Incident & Claim, Payee, and Review & Submit. The 'My Policy' icon is highlighted. Below the navigation bar, the page title is 'Policy Holder Details'. A blue box contains the text: 'Please fill in the following details about your policy and contact information. Chubb will only use this information to help assess your claim.' To the right of this text is a photograph of a man in a white shirt looking down. Below the blue box, a clock icon indicates 'On average, it takes 2 minutes to complete this section'. At the bottom right of the page, a small note says '*Indicates required field'. The main content area has a heading 'Please tell us the policy details' and a sub-heading 'Please enter your Policy Number below *'. Below this is a text input field with the placeholder text 'Only letters and numbers accepted'. Underneath the input field, a note reads: 'At this point, if you don't have your policy number to hand, simply type 'unknown'.'

2 My Policy

Please complete the follow-up questions according to this display.

If the answer **Yes**. Customer has a relationship with the Policy.

Tell us about yourself

Are you making this claim on your own behalf? *

Yes No

Who are you in relation to the policy? *

Select an option

- Select an option
- Policy Holder
- Spouse
- Dependent

If the answer is No, the Customer does not have a relationship with the Policy, but with the Policy Holder.

Tell us about yourself

Are you making this claim on your own behalf? *

Yes No

Who are you in relation to the policy? *

Select an option

- Spouse
- Dependent
- Other Claimant
- Policy Holder - Employee

2 My Policy

Assuming the Customer is the Policyholder, please complete the next questions.

Data must be completed (*Mandatory*):

- Name
- DOB
- Gender
- Country
- Address
- City
- Post Code
- Nationality
- ID Card number (Local)
- E-mail Address

Click “Continue” button if all questions have been completed.

Tell us about yourself

Are you making this claim on your own behalf? *

Yes No

Who are you in relation to the policy? *

Policy Holder

If none of the above options applies, please contact Chubb at Claims.Indonesia@chubb.com

As the Primary Policy Holder, are you an individual or company? *

Individual Company

First Name * Middle Name Surname

Date Of Birth *

Gender *

Male Female

Country *

Address Line 1 *

Address Line 2


City * Postal Code *

Nationality *

Please provide the email address of the Policy Holder *

Please ensure that the information entered is exactly the same as what is reflected on your policy. Failure to do so may result in delays with the handling of your claim.

Security Check

I'm not a robot 

3 Incident & Claims

Customers complete the related questions :

- Country
- City
- Date of Incident
- Describe of the incident (max. limit 255 character)

Please choose whether the incident is related to Travel or Accident & Health Insurance.

The screenshot shows the 'Incident Details' page in the Chubb Claim Centre Claim Portal. At the top, there is a navigation bar with icons for Home, My Policy, Incident & Claim (active), Payee, and Review & Submit. Below the navigation bar, the page title 'Incident Details' is displayed, followed by the instruction 'Please provide all relevant incident and claim information'. A progress indicator shows 'On average, it takes 3 minutes to complete this section'. The main form area is titled 'Tell us about what happened' and contains several fields: 'Country of Incident' (a dropdown menu with 'Please Select' and a red error icon), 'City of Incident' (a text input field with 'Enter City' and a red error icon), and 'Date Of Incident' (a date picker with 'DD/MM/YYYY' and a red error icon). Below these fields is a large text area for 'Describe the Incident'. A note states: 'Most of our customers write a short summary on what happened, how it happened and who was involved. (up to 255 characters)'. At the bottom of the form, there is a section titled 'What type of loss are you claiming for?' with the instruction 'Please select all losses associated with your claim. (Please refer to the policy terms and conditions for coverage details)'. Two radio buttons are visible: 'Travel' (with an airplane icon) and 'Accident & Health' (with a person icon). At the very bottom of the page, there are 'Back' and 'Continue' buttons.

3 Incident & Claims

If the customer chooses Travel, options will appear as shown below. Please select the type of loss according to the claim you will submit.










Then click “**Continue**”

- Next, please complete the questions according to the losses selected

What type of loss are you claiming for?

Please select all losses associated with your claim. (Please refer to the policy terms and conditions for coverage details)

< Back to Main Claims

 Personal Property Damage / Loss / Theft	 Car Rental Benefits. Theft, Damage & Liability
 Medical Expenses	 Cancellation / Curtailment
 Travel Inconvenience - Delay	 Emergency Travel Situations (Kidnapping / Repatriation / Lost Documents)
 Legal Assistance and Compensation	 Personal Accident - Death
 General	 Personal Accident - Permanent Disablement

Back Continue

3 Incident & Claims

Please upload document as per table

Type additional information related to the customer's claim

Click “Continue”

Home My Policy Incident & Claims Payor Review & Submit

Documentation

Please provide all relevant incident and claim information

On average, it takes 7 minutes to complete this section

There is a 20MB upload limit for all files. Please do not upload any of the following non supported file types - media files (such as MP3 files), all compressed files (such as Zip files), and HTML files (such as saved web pages). If you are using a mobile device, please only upload images.

Document Type	Document Name	File Size
Completed Claim Form		Upload Document
Document confirming the situation by the airline or airport, issued by the airline or airport, identifying the causes and duration of the flight delay		Upload Document
Others (depend on the claim case and documents will be informed by Company's Claims Department)		Upload Document

Download supplemental forms ⓘ

[Download](#) Attending Physician Statement

Is there anything else Chubb should know about your claim?

Provide additional commentary and information

[Back](#) [Continue](#)

4 Payee Information

Please complete the payment information

Bank code : 014 (BCA), 008 (Mandiri) and others.

The screenshot displays the 'Payee Information' step in a claim process. At the top, a navigation bar includes icons for Home, My Policy, Incident & Claim, Payee, and Review & Submit. The main heading is 'Payee Information' with a sub-instruction: 'Please enter information for the individual you intend to receive payment as a result of this claim'. A green banner indicates 'On average, it takes 2 minutes to complete this section.' The form itself is titled 'Please complete the information below for the claim payment to be made' and contains several fields: 'Method of Payment' (dropdown menu with 'Electronic Funds Transfer (EFT)' selected), 'Account Holder' (dropdown menu with 'test test Sabrina, Policy Holder' selected), a note about account holder names, radio buttons for 'Sabrina test' and 'test Sabrina', 'Country of Financial Institution' (dropdown menu with 'Indonesia' selected), 'Currency' (dropdown menu with 'IDR-Indonesia Rupiah' selected), 'Account Number' (text input), 'Bank Code' (text input), and 'Bank Name' (text input). A note specifies 'Must be alphanumeric and less than or equal to 16 characters.' for the account number and 'Valid bank code should be either 3 or 7 digits' for the bank code. At the bottom, there are 'Back' and 'Continue' buttons.

Indicates required field

Please complete the information below for the claim payment to be made

Method of Payment *

Electronic Funds Transfer (EFT)

Account Holder *

test test Sabrina, Policy Holder

Please make sure that the Account Holder Name is the name you wish to see on the cheque OR the Account Holder Name is correct as per bank account.

Please select the payee account name order *

Sabrina test test Sabrina

Country of Financial Institution *

Indonesia

Currency *

IDR-Indonesia Rupiah

Account Number *

Bank Code *

Must be alphanumeric and less than or equal to 16 characters.

Valid bank code should be either 3 or 7 digits

Bank Name *

Back Continue

5 Review & Submit

Please complete information related to Contact Detail.

Click “Continue”

Home My Policy Incident & Claims Payor Review & Submit

Contact Detail

Please share the contact information for the primary point of contact to allow Chubb to update you throughout the claim process.

On average, it takes 2 minutes to complete this screen.

Who will be the point of contact for this claim? *

car: car: Sabrina, Policy Holder

Email *

sabrina@chubb.com

Confirm Email *

sabrina@chubb.com

Please provide the best contact phone number. If you choose a mobile number you can receive automatic status updates on your claims via SMS.

Phone Type *

Mobile

Phone Number *

+62

Confirm Phone Number *

+62

What is your preferred method of contact? *

Email

Back Continue

Chubb. Insured. Call us on 1500257

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5 Review & Submit

Please check the fields again by clicking + red.

Click “continue”

Home My Policy Incident & Claim Payee Review & Submit

Review Claim Summary

Before submitting your claim, please review.

On average, it takes 3 minutes to complete this section.

[Expand All Sections](#) | [Collapse All Sections](#)

Please note that the 'Edit Original' link will take you to the section that may require editing. In order to ensure that the rest of the claim is reflective of any changes made, it is important you click through and recheck each following section of the claim before you submit

- + Policy Holder Details
- + Incident Details
- + Travel
- + Payee Information
- + Contact Information

Back Continue

5 Review & Submit

Please click “I Accept” box.

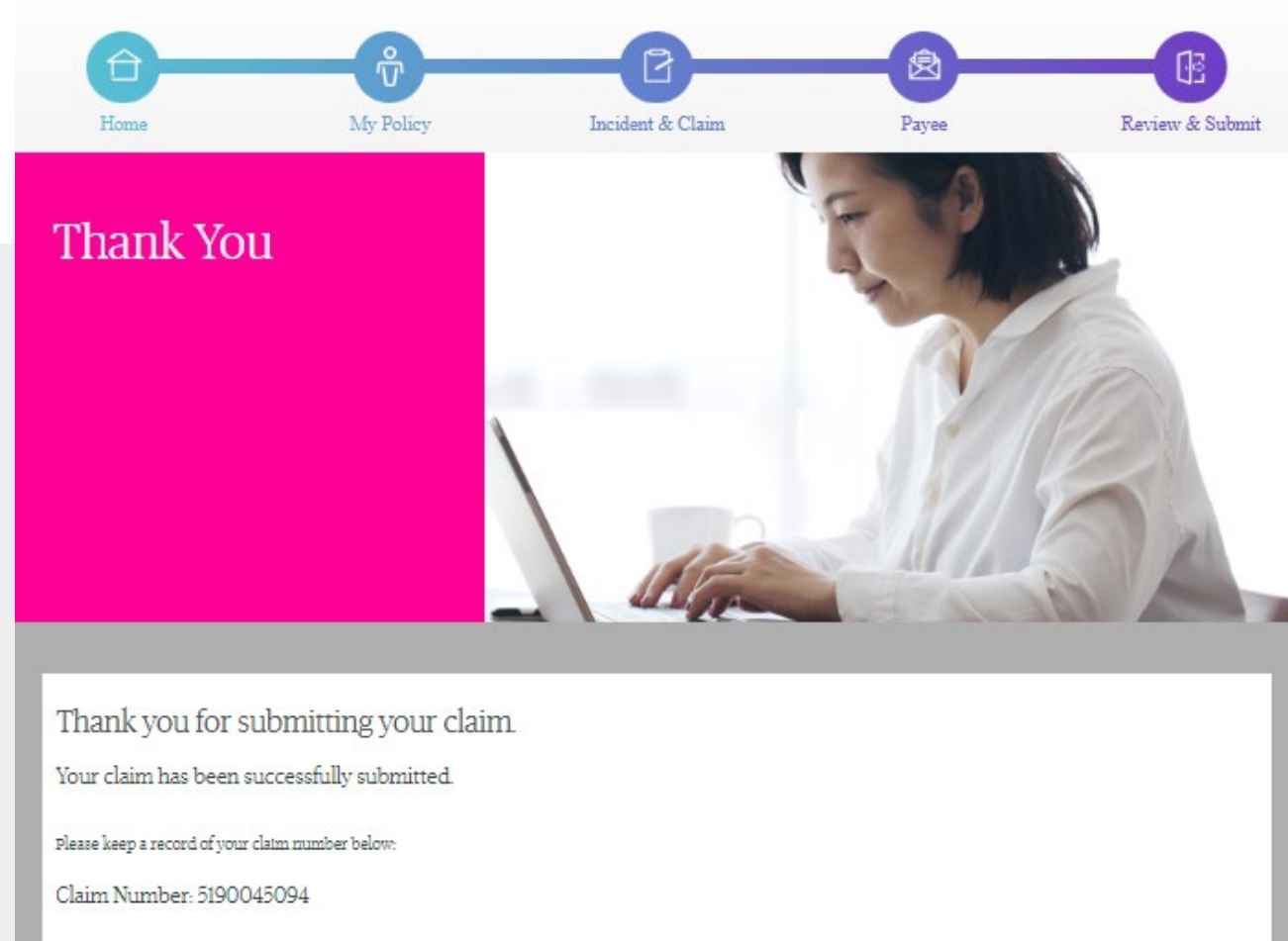
Then click “confirm” to submit your claim

The screenshot displays the 'Declaration' step in the Chubb Claim Centre Claim Portal. At the top, a navigation bar includes icons for Home, My Policy, Incident & Claim, Payee, and Review & Submit. The 'Declaration' section is highlighted in pink and contains the text: 'Please review and confirm the Declaration before submitting your claim.' Below this, a clock icon indicates 'On average, it takes 3 minutes to complete this section.' The main content area shows the title 'Declaration for Travel - Travel Inconvenience - Delay Claims' and the instruction: 'By clicking the "I Accept" box below, you confirm and agree to the following:'. The declaration text states: 'I/We declare that the information given in the above are true and complete in every detail and I/We do not withhold any information likely to affect PT Chubb General Insurance Indonesia's consideration of the claim. I/We understand the claim may be refused or reduced if the given information is incorrect.' It also includes a consent statement: 'I/We understand and agree that PT Chubb General Insurance Indonesia can collect and record My/Our personal data or any information for the purpose of claim research, investigation and calculation/ adjustment, including survey purpose. To achieve this, I/We consent to and authorize PT Chubb General Insurance Indonesia to give and/or obtain My/our personal data or any information to or from any third parties in or outside the Republic of Indonesia, including service providers, other insurance companies, related Insurance Association and/or other companies within PT Chubb General Insurance'. At the bottom, there is an 'I Accept the above declaration for Travel - Travel Inconvenience - Delay' checkbox and two buttons: 'Back' and 'Confirm'.

5 Review & Submit

After click “Confirm” you will receive your claim number

Please use the claim number when communicating with us



The screenshot displays a user interface for the Chubb Claim Centre Claim Portal. At the top, a navigation menu features five icons: Home (house), My Policy (person), Incident & Claim (document), Payee (envelope), and Review & Submit (document with checkmark). Below the navigation menu, a large pink box contains the text "Thank You". To the right of this box, a woman in a white shirt is shown working on a laptop. Below the pink box, a white box contains the following text: "Thank you for submitting your claim.", "Your claim has been successfully submitted.", "Please keep a record of your claim number below:", and "Claim Number: 5190045094".

Contact Us

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