

Claim Form Fatal Accident

Chubb European Group Limited
Claims Department
PO Box 682
Winchester
SO23 5AG
T: 0345 841 0059
F: 0141 285 2901
uk.claims@chubb.com

Please write in black ink and use block capital letters.

All sections must be completed or marked 'not applicable'.

Complete the checklist and ensure that you sign the declaration at the end of this form.

Name of Policyholder	Certificate/Policy no.	
Insured Person forename(s) (Mr/Mrs/Miss/Ms)	Insured Person surname	
Full address		
	Postcode	Date of birth
Telephone no. business	Telephone no. home	
E-mail address		

Employment Details

Occupation / Duties _____

Name & Address of Employer: _____

Email address of Employer _____

Claimant Details

Claimant Name (Mr, Mrs, Miss, Ms) _____ Date of Birth _____

Address (if different from above) _____

What is your relationship to Insured Person _____

Telephone No. (HOME) _____ Telephone No. (BUSINESS) _____

Email address

Accident Details

Please give exact date and time when injured: DATE _____ TIME _____ am / pm

Please give the date of death:

A certified Copy of the full Death certificate will be required when issued

Please state full particulars of how the accident occurred: _____

Were there any witnesses? YES / NO

If YES please provide names and addresses

Please give full name and address of the Insured Person's General Practitioner

Please give full name and address of HM Coroner who will be conducting the Inquest _____

Please give date Inquest held or planned: _____

Payee's Bank Details

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society: _____	Bank Sort Code (from the top right hand corner of your cheque)						
_____ Bank	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
Address _____	Account Number _____						
_____	Account Name(s) _____						
_____ Postcode _____	_____						

Data Protection

In order to administer your claim, this information will be used by Chubb European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

SIGNED

DATE

Checklist

Please return the completed claim form together with any enclosures to your Insurance Broker or to Chubb European Group Limited and please ensure...

- ☐ You fully complete all relevant questions on this claim form
- ☐ You have enclosed all requested original documents (we recommend you retain copies)
- ☐ You have signed this claim form

As failure to do so will result in delay in handling your claim.

Thank you for fully completing this claim form.

Chubb. Insured.SM