

# Overseas Travel Accident Insurance Claim Form

Policyholder	Name		ID Number	-	Mobile	
	Name		ID Number	-	Mobile	
Insured	Address				Place of employment	

Content of Accident or Sickness	Date	20 . . ( : )	Cause	<input type="checkbox"/> Accident <input type="checkbox"/> Sickness <input type="checkbox"/> Liability <input type="checkbox"/> Baggage
	Departure Date	20 . . ( : )	Place	
	Diagnosed As		Hospital Name	
	Content	Describe accident or nature of your sickness in detail -Disease accidents: enter past/current treatments, and the processes of disease recognition - Traffic accidents : enter a driver, a vehicle type, violations of laws, and whether you are a wrongdoer or victim - Bodily harm accidents: enter a cause of accident and parts of bodily harm		

Baggage	Product Name (Trademark, Model Name)	Quantity	Purchase Price	Date of Purchase	Place of Purchase

Name of Victim		Contact no. of Victim	
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Overseas Direct Treatment Cost		Name of Diagnosis	
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Subscriptions to Other Companies	
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If you have been hurt or hospitalized for disease treatment within the last five (5) years enter the name of disease and the hospital for treatment

Notification Method of Claims handling result	E-mail	Mobile (SMS)	Fax

**Power of Attorney**

I hereby assigns to the assignee(s) any and all rights to claim and receive insurance for the accident.

Type	Name	ID Number	Address	Tel.	Relation
Assignor	(seal)	-			
Assignee	(seal)	-			
Assignee	(seal)				

- \* The appointer should attach a certificate of seal after putting his or her legal seal.
- \* For Physical Therapy in USA or Canada, please note that a direct claim clearing service with the service provider will not be available to any case exceeding U\$50 per day and maximum 20 visits per policy term. For details, please contact Chubb Travel Insurance Claim Center

Consent for Personal (Credit) Information Processing on Insurance Claim

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For Protection of Consumers' Interests (Please tick the box if you agree on below items)

**I. Information on Minimum Information Processing and Rejection of Consent**

Please be informed that we **collect, use, and provide the minimum information** for insurance premium payment review and insurance accident investigation relating to this agreement when you consent for information, and where you do not consent therefor, it may be impossible to provide normal services relating to our duties for insurance payment.

**II. Effect on Credit Rating**

Our inquiry into our personal (credit) information under this Consent shall not affect your credit rating.

**1. Consent for Collection, Use of Personal (Credit) Information**

Our company intends to collect, use your personal (credit) information relating to this agreement under the 「Personal Information Protection Act」 and the 「Act on the Use and Protection of Credit information」 as follows.

Do you consent therefor? ..... Yes

- Purpose of Collection and Use of Personal (Credit) Information
  - Insurance payment review (including the agency services for receiving insurance claim documents) and insurance accident investigation (including investigation of insurance frauds)
  - Handling civil petitions and resolving disputes relating to insurance payment
- Items of Personal (Credit) Information to be Collected and Used
  - Personal (credit) information under insurance claims (names, resident registration numbers, foreigner registration numbers, addresses, occupations, telephone numbers, e-mails, etc.)
  - Personal (credit) information acquired relating to insurance accident investigation (including investigation of insurance frauds) and performance for damages assessment duties [including personal (credit) information contained in various investigation reports, certificates, medical records etc. acquired from the police,
  - public authorities, medical institutions, etc. with the principal's assignment of rights]
- Period of Maintenance and Use of Personal (Credit) Information
  - From the date of consent for collection and use until the purpose of collection and use of personal (credit) information is fulfilled.

**2. Information on Inquiry into Personal (Credit) Information**

Our company intends to inquire into your personal (credit) information relating to this agreement from a credit information concentration agency under the 「Act on the Use and Protection of Credit information」 as follows.

Do you consent therefor? .....Yes

- Personal (Credit) Information to be Inquired  
Insurance agreement information, insurance payment related information (including accident information), information on diseases and bodily harms of insureds
- Purpose of Inquiring into Personal (Credit) Information  
Insurance payment review (including the agency services for receiving insurance claim documents) and insurance accident investigation (including investigation of insurance frauds)
- Effective Period for Consent for Inquiry  
From the date when the consent is submitted until the purpose of inquiring into personal (credit) information is fulfilled
- Period of Maintenance and Use of Personal (Credit) Information of Inquirers (Persons Provided with Personal (Credit) Information)  
From the date when the consent is submitted until the purpose of inquiring into personal (credit) information is fulfilled

**3. Information on Provisions of Personal (Credit) Information**

Our company intends to provide your personal (credit) information relating to this agreement to a third party under the 「Act on the Use and Protection of Credit information」 as follows.

Do you consent therefor? ..... Yes

- Persons Provided with Personal (Credit) Information
  - Credit information concentration agency: credit information concentration agencies including the life insurance association, the damages insurance association
  - Public authorities, etc.: public authorities including the Financial Services Commission, the Ministry of Land, Transportation and Marine Affairs, the Financial Supervisory Service, insurance premium calculation agencies, agencies for performing legal duties (including commissioned companies)
- Insurance companies, etc.: life insurance companies, General insurance companies, domestic or overseas re-insurance companies, postal service public authorities (postal insurances), and persons delegated with duties necessary to review insurance pay companies, investigate insurance accidents (Adjustment survey companies, medical institutions and doctors, lawyers, commissioned call centers, the Health

Insurance Review & Assessment Service the Automobile Insurance Treatment Fee Dispute Council in case of automobile insurances, etc.)

- Purpose of Using Persons Provided with Personal (Credit) Information
  - Credit information concentration agency : duties of credit information concentration agencies, including concentrated managements and uses, etc. of insurance agreements and insurance payments
  - Public authorities, etc : performance of duties under the laws including the Insurance Business Act and the Automobile Damages Compensation Guarantee Act (only for automobile insurances), etc. (including commissioning)
  - Insurance companies, etc : duties necessary to perform agreements including insurance accident investigation (including investigation of insurance frauds) and damages assessment services, agency services for receiving insurance claim documents, review of medical fees, medical reviews and consulting, indemnifications dispute reviewing duties (only for automobile insurances)
- Content of Personal (Credit) Information to be Provided  
 Personal (credit) information under insurance claims, and personal (credit) information acquired relating to insurance accident investigation (including investigation of insurance frauds) and performance for damages assessment duties
- Period of Maintenance and Use of Personal (Credit) Information of Persons Provided with Personal (Credit) Information
  - From the date of consent for provision until the purpose of use of persons provided with personal (credit) information is fulfilled
  - \* You may confirm the details of each information provider and the purpose at our homepage [[www.chubb.com/kr](http://www.chubb.com/kr)].

**4. Processing Sensitive Information and Unique Identification Information**

Our company intends to process (collect, use, and provide) your personal (credit) information your sensitive information (information on diseases, bodily harms) and unique identification information (resident registration numbers, foreigner registration numbers, driver’s license numbers) with respect to the individual consents for the above personal (credit) information relating to this agreement under Articles 23 and 24 of the 「Personal Information Protection Act」 and the 「Act on the Use and Protection of Credit information」 as follows.

Do you consent therefor?

- Processing sensitive information (information on diseases, bodily harms, etc.) (not for automobile insurances.....)Yes
- Processing unique identification information(resident registration numbers, foreigner registration numbers, driver’s license numbers) .....Yes

**I hereby consent that your company processes my personal (credit) information under the 「Personal Information Protection Act」 and the 「Act on the Use and Protection of Credit information」 as described in the above content.**

Date Of Consent	20 . . . . .		
Consenter	ID Number	Contact Information	Relationship with the Insured

Bank details	Name of Bank	Account No.	
	Account Holder	ID Number	