Travel

Claim Form

SG021

CHUBB®

Important Notes

To facilitate the processing of your claim, you are required to complete sections A, B and C for all claim Submissions.

The issue and acceptance of this form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights.

The information requested and documents mentioned in this form are a general guide. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

Your Policy may not provide cover under every section shown in this Claim Form.

Section A: Particulars of Policyholder / Insured Person and Claimant

Name of Policyholder / Insured Person (as shown in NRIC / Passport)

Address of Policyholder / Insured Person

Postal Code

Policy No.

Period of Insurance From To

Tel No. (Mobile) Tel No. (Residence)

Tel No. (Office) Occupation

NRIC / Passport No. Nationality

Email

Name of Intermediary (if any)

Gender Male Female Age

Date of Birth Date of Employment

Name of Employer

Name of Claimant (as shown in NRIC / Passport) - if different from Policyholder / Insured Person

Address of Claimant

Postal Code

Tel No. (Mobile) Tel No. (Residence)

Tel No. (Office) Email

NRIC / Passport No. Nationality

Occupation Relationship to Insured Person

Gender Male Female Age

Date of Birth Date of Employment

Name of Employer

Section B: Payment Details

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows (Name as per Identification Card and/or Bank Account):

☐ **Electronic Funds Transfer** (for payments in SGD and to bank accounts in Singapore)

Payee Name (as per bank account name) _____

Name of Bank _____

Branch Code No. _____ Account No. _____

Note: If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

Important Notice:
Chubb shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing Chubb with an incorrect bank account number under this section for the payment of this claim.

Section C: Details of The Accident / Loss / Illness

Chronology and Description of the Accident / Loss / Illness

_____

Date of departure from Singapore _____

Period of Travel From From _____ To _____

Destination Country(s) _____

Place of Occurrence _____

Purpose of trip ☐ Leisure ☐ Business ☐ Others (Please specify: _____)

Date of Accident / Loss / Illness _____ Time of Accident / Loss / Illness : _____

When and Who discovered the Accident / Loss _____

Relationship of person to the Insured _____

Were there witnesses to the accident? ☐ Yes ☐ No
If **Yes**, please provide following details

	Witness 1	Witness 2
Name		
Address		
NRIC		
Contact Number		

Section D: Personal Accident / Illness - Medical and Additional Expenses

Please note:

1) Personal Accident - please enclose Police Report (if any), Detailed Medical Report, Medical Certificate.
2) Medical, Dental or Post Journey Medical Expenses - please enclose Original Detailed Pre-Medical / Final Hospitalisation/Post-Medical Bills, Inpatient Discharge Summary, Detailed Medical Report / Memo from Attending Physician on the type of illness or injury sustained.
3) Emergency Travel Expenses - please enclose Certified True Copy of Death Certificate and Proof of Relationship or written advice of attending Physician indicating the need to travel to or remain with the Insured Person, with Original Bills and Receipts of travel and accommodation expenses incurred.
4) Accidental Death - please enclose Police Report, Certified True Copy of Death Certificate, Autopsy Report, Toxicological Report.

1. Was it due to illness? ☐ Yes ☐ No

   If **Yes**, please specify type of illness

   When did first symptoms appear?

   When did you receive medical attention for this condition?

   Please provide Name & Address of Attending Physician

2. Have you ever had this or similar condition? ☐ Yes ☐ No

   If **Yes**, please provide details:

   Is this a Routine Check-up? ☐ Yes ☐ No

   If **Yes**, please provide details, dates and name and address of the Attending Physician.

3. Was it due to an Accident? ☐ Yes ☐ No

   If yes, please provide the Date of Accident

   Details of the Accident and Injury (Kindly also indicate the location where Accident occurred)

Amount Paid By You	Amount Recovered From Other Sources (Please provide details of settlement)	Amount Claiming Against Chubb

Section E: Cancellation / Curtailment

Please note:

1) Please enclose documentary proof of relevant expenses incurred as a result of this trip cancellation or curtailment, original trip booking and invoice, Death Certificate, Medical Report and/or Written Memo from Attending Physician to cancel trip, Proof of Relationship, Travel Agents' confirmation of the amount of refund.
2) Original Invoice or Receipt of charges incurred in amending or purchasing additional air ticket (for Trip Curtailment).

When, where and with which Provider was the holiday booked?

Intended Departure Date

Please state the reason for Cancellation / Curtailment

Date you became aware of the need to cancel / curtail your trip

Date Cancelled / Curtailed

Amount paid by you	Amount recovered from other sources (please provide details of settlement)	Amount claiming against Chubb

Section F: Personal Effects

Please note: Losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel or conveyance immediately, in any event within 24 hours from the time of occurrence.

Please enclose Police Report or report issued by responsible Hotel Management or carrier evidencing such losses, Property Irregularity Report for losses in carriers' custody, Original Purchases Bills, Photographs of damaged items, original Repairs Bills damaged items. If the responsible Hotel Management or carrier has made compensation for the damaged or lost items, please request them to issue a note or letter certifying the compensation issued or will be issued to you.

Details of Amount Claimed (Please use supplementary sheet if necessary)				
Description of Item	When and Where Purchased	Original Purchase Price	Amount Recovered From Other Sources (Please provide details of settlement)	Amount Claiming Against Chubb

Any actions taken in attempt to recover your property? ☐ Yes ☐ No

If **Yes**, please provide details on the actions taken; if **No**, please provide details for not attempting recovery.

Section G: Personal Money / Travel Documents

Please note: Losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel or conveyance immediately, in any event within 24 hours from the time of occurrence.

Please enclose Police Report or report issued by responsible Hotel Management or carrier evidencing such losses, Original Receipts for replacement of travel documents.

Details of Amount Claimed (Please use supplementary sheet if necessary)		
Amount Lost or Stolen	Amount Recovered From Other Sources (Please provide details of settlement)	Amount Claiming Against Chubb

Section H: Flight Delay / Misconnection / Flight Diversion / Baggage Delay / Flight Overbooking

Please Note:

1) Flight Delay / Misconnection / Diversion - enclose the original itinerary, boarding pass showing the actual take off time and date, written confirmation from carrier/airline or their agents specifying reasons for and hours of delay/diversion.
2) Baggage Delay - to enclose original itinerary, written confirmation from carrier/airline or their agents specifying reason and the number of hours of baggage delay, Property Irregularity Report, Acknowledgement Receipt of baggage received.

Reason for claim

☐ Travel Delay ☐ Misconnection ☐ Flight Diversion ☐ Baggage Delay ☐ Flight Overbooking

Details of Flight Itinerary

Original Travel Details	Actual Travel Details
Travel Delay / Flight Diversion	
Transport / Flight No.:	Transport / Flight No.:
Scheduled Departure Date, Time and Place:	Actual / Rescheduled Departure Date, Time and Place:
Scheduled Arrival Date, Time and Place:	Actual / Rescheduled Arrival Date, Time and Place:

Length of Delay:

Reason provided by Carrier for cause of delay (Please provide documentary proof from Carrier):

Travel Misconnection

Actual arrival of incoming connection transport resulting in your misconnection:

Scheduled Date and Time of connecting flight:	Next Date and Time of connecting flight:
Transport / Flight No.:	Transport / Flight No.:

Length of Delay:

Baggage Delay

Arrival Date, Time and Place:	Date, Time and Place you received your baggage:
	Length of Delay:

Expenses Incurred By You: (Please state date and item(s). This may not be applicable, depending on the coverage under the policy that you have.)	Amount Recovered From Other Sources: (Please provide details of settlement)	Amount Claiming Against Chubb:

Section I: Personal Liability

Please note: In no circumstances should the issue of legal liability be admitted to any third party claimant(s).
Please enclose letters / writs / summons from third party / police / court.

Date, Time and Location of Incident		
Please describe what happened (Please attach photos)		
Was the accident due to carelessness, or negligence on your part?		
Have you in any way admitted liability? ☐ Yes (please elaborate) ☐ No		
Name and Address of witness to the accident (if any)		
To which Police Officer and Police Station (if any) did you report the occurrence?		
Names and addresses of the other party(s)		
Nature of personal injury sustained by any person	Name and Age	Nature of Injury
Extent of damage to property belonging to other party(s)		
Whether any claim has been made upon you. If so, was the amount of such claim specified?		
Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you.		

Section J: Others (Please specify details of any claim other than Section C To H)

Name of Police Station, Carrier / Airline or other authorities where Report lodged (if applicable):

Details of Claim (Please use supplementary sheet if necessary)	Amount Claimed

Have you engaged solicitors to represent you? ☐ Yes ☐ No

If **Yes**, please provide details of solicitors.

Section K: Any Other Insurance / Claims

(Please use supplementary sheet if necessary)

1. Are there any other policies of insurance in force covering you in respect of this event? ☐ Yes ☐ No
   If **Yes**, please specify below:

Name and address of Insurance Company(s)	Policy No(s).

Are you claiming under any of the policies listed above? ☐ Yes ☐ No

If **Yes**, please provide Claim Reference No.:

2. Are you making a claim against any other party in respect of this event? ☐ Yes ☐ No
   If **Yes**, please specify below:

Name of Persons Claiming Against	Addresses and Contact Details

Section L: Claims History

1. Have you or the Insured Person previously made claim(s) under a travel, medical or accident policy? ☐ Yes ☐ No
2. Have you or the Insured Person made claims with similar occurrences or involving similar items? ☐ Yes ☐ No
   If the answer is **Yes** to any of these, please provide details below:
   (Please use supplementary sheet if necessary)

Date and Circumstances of Claim(s)	Name(s) of Insurance Company(s) Involved (Please indicate Claim Reference No. & Policy No.)

Section M: Declaration

Did you remember to enclose the following? (Where applicable)

Document	Yes	N/A
Travel Documents (i.e. Air Tickets and / or Boarding Pass)	☐	☐
Medical Bills (Original copy need to be submitted for Reimbursement claim)	☐	☐
Written notes from Physician on type of injury sustained / Inpatient Discharge Summary or Medical Report	☐	☐
Traffic Police Report (if involved in Road Accident)	☐	☐
Original purchase receipts and photographs (for Loss and / or Damage of personal property claim)	☐	☐
Overseas Police or relevant authorities concerned Report (for Loss of personal property and/or money claim)	☐	☐
Documents with relevant authorities concerned (for Damage of personal property claim)	☐	☐
Settlement / Reply Letter from transport service provider, hotel or travel agent (for Curtailment or Cancellation claim)	☐	☐
Written confirmation issued by the transport service provider (for Baggage Delay, Flight Delay or Flight Misconnection claim)	☐	☐
Confirmation of receipt of luggage (for Luggage Delay claim)	☐	☐
Letter from the third party concerned (for Legal Liability claim)	☐	☐
Death Certificate, Post Mortem Report, Autopsy Report, Police Reports, Letter of Administration (if involves Fatalities)	☐	☐
Documents to proof occurrences of the incident and amount claimed	☐	☐

By signing this form, I / We agree that Chubb Insurance Singapore Limited (Chubb) will use the information supplied here and during the formation and performance of my policy, for policy administration, customer services, claims handling and fraud analysis and prevention, and that Chubb may disclose such information to its service providers, agents, authorities and other parties for these purposes.

I / We hereby authorise any hospital, physician, and any other person or entity who has attended to or examined me, to furnish to Chubb or its authorised representatives, any and all information with respect to any illness or injury or loss, medical history, consultation, prescriptions or treatment, copies of all hospital, medical or other records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.
I / We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/we agree that if I / we have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past, present or future claims shall be forfeited.

Signature of Policyholder (Please affix company stamp if applicable)

Date

Signature of Claimant (if different from Policyholder)

Date

Name of Insured's Direct Manager (for corporate policies)

Signature of Insured's Direct Manager (for corporate policies)

Date

Note:

Kindly submit the completed claim form to TravelClaims.SG@Chubb.com. Please ensure that the relevant supporting documents are submitted as well.

Contact Us

Please visit our website at www.chubb.com/sg or contact us at +65 6398 8000.

Please click on the button to submit your claim form

Submit

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