CHUBB®

Chubb Samaggi Insurance PCL.
2/4 Chubb Tower, 12 Fl.,
Northpark Project
Vibhavadi-Rangsit Rd.
Thung Song Hong, Laksi
Bangkok 10210

บริษัท ชับบ์สามัคคีประกันภัย จำกัด (มหาชน)
2/4 อาคารชับบ์ ชั้นที่ 12
โครงการนอร์ธปาร์ค
ถนนวิภาวดีรังสิต แขวงทุ่งสองห้อง
เขตหลักสี่ กรุงเทพฯ 10210

โทรศัพท์ +66 0 2555 9100
โทรสาร +66 0 2955 0205
www.chubb.com/th

# Personal Accident, Health and Travel Claim Form

You can help to avoid unnecessary delay in processing your claim by (1) Complete this form, (2) Prepare the relevant documents, and (3) Registered mail them to Chubb Samaggi Insurance PCL., within 30 days from the date of the event.

Part 1-3 are the list of minimum documentation required to process your claim.

In certain circumstances, additional information may be required in order for further confirmation.

We are unable to return original documents, but we will be happy to provide certified copies on request.

**The standard processing time is seven (7) business days after review and approval of all documents.**

## POLICY INFORMATION

| | | |
|---|---|---|
| **Name of Insured Person** | | **Policy No(s).** |
| **ID / Passport No.** | **Gender** | **Date of Birth** |
| **Correspondence Address** | | |
| **Occupation** | **Email** | |
| **Mobile No.** | | **Telephone No.** |
| **Are you claiming from any other insurance company or other sources? If yes, state:** | | |
| **CREDIT CARD TYPE**_____**Number**_____ | **Travel Agency :** | |

## PAYMENT DETAILS

☐ **Cheque Payment.**

- **To Address** _____

☐ **Direct Transfer to Savings Account.**

- **Please attached a copy of saving account book bank first page of insured only.**

## DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

**[Declaration]** I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

**[Authorization]** I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Chubb. I/We agree that a copy of this consent shall have the validity of the original.

**[Customer's Data Privacy Consent]** In connection with my/our and/or the claimant's claims, I/We give consent for Chubb and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the Chubb Group or any third party service provider,and whether within or outside of Thailand and the Policyholder when claiming under a Group Policy) for the purpose of enabling Chubb and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with Chubb .

| Signature of Insured Person | Date | Signature of Claimant | Date |
|---|---|---|---|

## FOR OFFICER ONLY

| | |
|---|---|
| Name ..... | Branch ..... |
| Telephone no. ..... | Date ..... |

## TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:

Tel no. 02-555-9100 or Email : ClaimmailA&H@chubb.com

We suggest you make a copy of your bill(s) and your completed claim form for your records.

**Delays can occur or claims may be denied because of missing information.**

## Part 1 : ☐ Medical Expenses ☐ Hospital Income Protection / Broken Bone ☐ Cancer Insurance

**Date and Time of Accident/Sickness ; Date / / Time** **Date of treatment : / / Time**

**Cause of Accident/Sickness (Please provide full details of symptoms/medical condition)**

**Accident by vehicle type**

☐ Car ☐ Motorcycle ☐ other_____

☐ Driver ☐ Passenger ☐ other_____

Police Station_____

**Documents Required (Please tick against the documents you have submitted)**

**Medical Expenses**

- ☐ All original medical receipts. Total number of receipts_____
  Total amount of receipts_____
- ☐ Medical Certificate.(Certified by related organization)
- ☐ Identity Card or Passport.(Certified true copy)
- ☐ Insurance card.(Certified true copy)
- ☐ Proof of Work Letter. (as the case may be)
- ☐ Proof of travel for Travel Insurance. (e.g.Boarding pass or Air tickets)

**Hospital Income Protection / Broken Bone**

- ☐ Medical Certificate.(Certified by related organization)
- ☐ Admission/Discharge Report. (as the case may be)
- ☐ Identity Card or Passport.(Certified true copy)
- ☐ X-Ray film and interpretation by physician. (Broken Bone only)

**Cancer Insurance**

- ☐ Medical record.(Certified by related organization)
- ☐ Pathology.(Certified by related organization)
- ☐ Identity Card or Passport. (Certified true copy)

## Part 2 : ☐ Death ☐ Total Permanent Disability ☐ Dismemberment

**Date and Time of Loss / Accident ; Date / / Time** **Place of Loss / Accident**

**Cause of Loss / Accident (Please provide full details of symptoms/medical condition)**

**Documents Required (Please tick against the documents you have submitted)**

**Death**

- ☐ Insured Person's Identity Card and Census Registration.
- ☐ Beneficiary's Identity Card and Census Registration.
- ☐ Death Certificate.(Certified by related organization)
- ☐ Autopsy Report.(Certified by related organization)
- ☐ Police Report.(Certified by related organization)

**Total Permanent Disability and Dismemberment**

- ☐ Medical record.(Certified by related organization)
- ☐ Medical report which comfirms Total Permanent Disability or Dismemberment.
- ☐ Photograph which confirms permanent disability (if any)
- ☐ Insured Person's Identity Card and Census Registration.
- ☐ Beneficiary's Identity Card and Census Registration. (as the case may be)

## Part 3 : ☐ Loss/Damage to Baggage&Personal Effect ☐ Baggage Delay ☐ Travel Delay ☐ Other Please Specify.....

**Date and Time of Loss / Event ; Date / / Time** **Place of Loss / Event**

**Please provide full details of Loss / Event**

**Original Flight Details**

Daparture Date____/____/____ Time _____ Arrival Date____/____/____Time_____Flight No. _____From_____To_____

**Actual Flight Details**

Daparture Date____/____/____ Time _____ Arrival Date____/____/____Time_____Flight No. _____From_____To_____

**Loss/Damage of Baggage or Personal Effects**

| Description | Date&Place Purchased | Original Cost |
|---|---|---|
| | | |
| | | |
| | | |

**Documents Required (Please tick against the documents you have submitted)**

- ☐ Passport.(Certified true copy)
- ☐ Travel Itinerary and Proof of travel (e.g.Boarding pass or Air tickets)
- ☐ Document confirming(Irregularity Report) issued by Airport, Airline, Carrier or Hotel confirming the data, reason for (and duration of the delay).
- ☐ Original receipt of Damage or Loss of Baggage / Personal Effects
- ☐ Local Police Report, if loss or damage occures threat or use of violence
- ☐ Photo of Damage or Loss of Baggage / Personal Effects

***Third Party Liability Benefit ; Forward all correspondence & documents from third parties to us for our handling***