



Chubb Samaggi Insurance PCL.
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 Northpark Project,
 Vibhavadi-Rangsit Rd.,
 Thung Song Hong, Laksi,
 Bangkok 10210

บริษัท ชับบ์สามัคคีประกันภัย จำกัด (มหาชน)
 2/4 อาคารชัยบุรี ชั้นที่ 12
 โครงการนอร์ธปาร์ค ถนนวิภาวดีรังสิต
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Personal Accident, Health and Travel Claim Form

To avoid unnecessary delay in claim process by (1) Completed Claim form (2) Prepare the relevant documents and (3) Registered mail to company within 30 days from the date of the event. Part 1-3 are the list of minimum documentation required to process claim. In certain circumstances additional information may be required in order for further confirmation. We are unable to return original documents, but we will 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
Address			
Occupation		Email	
Mobile / Telephone No.		Travel Agency	
Have you lodged the claim with the similar circumstance to other insurance company or other sources? If yes, state:			
For the claim under Credit or Debit card privileges please specify issuing bank name.....(Please do not fill in card number)			

PAYMENT DETAILS

Cheque Payment
 - To Address _____

Direct Transfer to Savings Account
 - Please attached a copy of Insured's bankbook with account name and number

DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I'm/We're 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. 0 2555 9100 or Email to 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.**

