



Claim Form

Personal Effects and Money

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			
Full name of claimants		Date of birth (DD/MM/YYYY)	Relationship to Insured Person

Travel Details

Type of travel: Business / Holiday _____

Please give date of loss/damage/theft _____

In which country did the loss/damage/theft occur? _____

Please give full details of the loss/damage/theft _____

To whom was the loss/damage/theft reported? (Please see notes below and provide a copy of this report) _____

On which date was the loss/damage/theft reported? _____

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)? _____

Please provide any written evidence _____

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged. Please supply receipts
- if not available please supply replacement estimates/ invoices.

Is any property lost/damaged/stolen insured by any other company? YES / NO

If YES, please supply name, address, telephone number and policy number _____

Please supply name, address, telephone number and policy number of household contents insurers _____



Have you had any previous claims on this type of insurance? YES / NO

If YES, please give details with relevant dates _____

Particulars Of Claim

Full Description Of Each Item Of Property Lost, Damaged Or Stolen	State To Whom Property Belonged	Date Of Purchase	Original Cost Price	Amount Deducted For Depreciation/ Wear & Tear	Amount Claimed	Receipts/ Replacement Estimates Attached [✓]
Total Sum Claimed					£	

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						
_____ Bank	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
Address _____	Account Number _____						
_____	Name of Account Holder(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 have completed 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