

## Claim form

### Bill Protect

**Please write in black ink and use block capital letters.**

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa
- Please complete questions – if any question(s) is not applicable please state 'n/a'

**Please ensure that the following documents accompany this claim form**  
(failure to do so will result in a delay in handling your claim.)

- Insured Person's Identity Document
- Proof of Involuntary Loss of Employment / Official Letter from Employer
- Copy of Employment Contract
- Payslips for 90 days prior to Involuntary Loss of Employment
- Proof of registration with the Unemployment Insurance Fund
- Confirmation of Unemployment Insurance Fund of the date the Person Insured became Unemployed

### 1. Insured details – to be completed by the policy holder

Policy Number:

Full Name of Insured:

ID. No:

Postal Address:

Tel. No (Cell No):

Fax No:

Email Address:

Postal Code:

## 2. Involuntary loss of employment details - to be completed by the policy holder

Company Name:

Company Contact No:

Company Address:

Employment Period at Company:

Start Date:

End Date:

Full Details of the Involuntary Loss of Employment:

Have you Registered with the UIF Department:      Yes      No

If Yes, please give details and evidence thereof:

## 3. Authorisation

Please note that this claim form will not be accepted if this declaration has not been signed by the employee/claimant.

We hereby authorize any hospital, physician, medical aid/scheme or other persons who has attended to or examined claimant to furnish Chubb Insurance Limited or its authorized representatives all information with respect to my claim, loss of employment, injuries, medical history, consultations, prescriptions or treatment, medical expense details and copies of all hospital, medical or employment records.

Signed by the employee/claimant on this

day of

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**Chubb. Insured.<sup>SM</sup>**