CHUBB

Contact us for more information:

T 0860 223 252
F 011 783 0812
myclaim@chubb.com

Claim form

Medical Travel

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 ensure:

☐ You fully complete every question contained in this claim form.

☐ You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number written in the top right hand corner.

Please attach to this claim form, or forward as soon as they are available, copies of the following documents:

- Copy of your air ticket(s)
- Identity document of the Policy Holder or claimant
- For air carrier loss/theft/damage – a property irregularity report from the air carrier
- For air carrier loss/theft/damage – the settlement advice from the air carrier
- For airline delays – a letter from the airline confirming reason, date and duration of the delay
- For other loss/ theft – a police report from the country where the loss/theft occurred

☐ You or your legal representative has signed the claim form

Personal details – to be completed by the policy holder

Certificate/Policy No:

Title: Full Name of Policy Holder:

Title: Name of Claimant:

Name of Employer: Name of Airline:

How did you pay for your air ticket: Cash Credit Card Bank: Card Number:

Travel Dates

Departure:

Country of Departure:

Return:

Country of Destination:

Date of Birth:

Physical Address:

ID No:

Tel. No (Business):

Tel. No (Home):

Fax No:

Cell phone No:

Email:

Place where the illness/injury occurred:

Date on which the illness/injury occurred:

Medical claim

Did you consult a Medical Practitioner? Yes No

Name of Practitioner: Tel. No: Fax No:

Were you hospitalised as an impatient? Yes No

Please provide a medical report from the consulting Medical Practitioner

Detailed diagnosis/nature of illness/injury:

Have you ever received any treatment for this or any related illness before this claim? Yes No

If Yes, please supply Medical Practitioner's report stating what treatment was received 24 months prior to the commencement of your journey.

Please supply name and surname and telephone number of your local medical practitioner:

Name of Practitioner: Tel. No:

Have you notified the Assistance company of your claim? Yes No

If No, please give reasons why not:

Payees bank details

Name of your bank: Account holder/name:

6 Digit Branch Code: Account No:

Address:

Authorisation

Please note that this claim form will only be accepted if this declaration has been signed by the policyholder, claimant or authorised person.

I/We declare that all the information is correct and true in every respect and that the signing of this claim form also constitutes written authority for the Company to inspect or investigate any Medical Records or Details relevant to this claim. We further declare that we are aware that any misrepresentation and/or non-disclosure in respect of information provided herein shall render the claim null and void.

I/We authorise any medical practitioner, hospital or other person to provide Chubb Insurance Limited with any information they require relating to my medical history and the injury/illness to which the claim relates. I agree that this consent shall remain in force at all times, and that a photo-copy or fax for this declaration shall be accepted as original. I agree and accept that Chubb Insurance Limited may request additional information from any medical practitioner, hospital or any other person not specifically requested herein, on completion and submission of this form and any other documentation as submitted by me.

Signed by the claimant or his/her legal representative on this day of 20

Signature

Chubb. Insured.SM

ACE has acquired Chubb, creating a global insurance leader operating under the renowned Chubb name. Chubb Insurance South Africa Limited (Reg. No. 1973/008933/06) is an authorised Financial Services Provider (FSP No. 27176), Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196.