

Claim Form Clinical Trials

Policy

Policy number

Name of insured (as per policy schedule)

Contact person at insured

Name & Surname

Designation

E-mail address

Cell/Tel number

Third Party

Name & Surname

E-mail address

Cell/Tel number

Incident Date & Place

Date and /or Timeline of incident

Place where incident occurred

Physical Address

On what date did the insured become aware of the incident or possible claim

Description of Incident

Please provide full details regarding the circumstances surrounding the incident

Did the subject sign a consent form before commencing with the clinical trials?	Yes	No	Add attachment
Did the insured provide the subject with the correct treatment in accordance with the clinical trial			Yes No
Did the subject have any other adverse incidents prior to the one leading to the current incident			Yes No
Was the insured negligent in any way in providing the treatment, and in the circumstances leading to the incident			Yes No
What was the subject diagnosed with			
Is the diagnosis a known side effect or common complication of the treatment			Yes No
Did the treatment provided by the insured cause the incident and /or complications			Yes No
Was the subject hospitalised as a result of the incident? If so, how long was the subject in hospital for?	Yes	No	
Is the subject expected to incur future medical expenses. <i>If yes, please provide further details</i>			Yes No

Quantum

Is monetary compensation being claimed? <i>If yes, please provide amount and supporting documentation</i>	Yes	No	Add attachment
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Payment

Has the insured made any payments to the third party in respect of this incident			Yes No
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Reason for reporting the incident / Claim against the insured

Is this incident reported for notification purposes only			Yes No
Has the insured received a written or verbal demand for monetary compensation <i>If yes, attach all documents to Claim Form</i>	Yes	No	Add attachment
On what date did the insured receive the written demand			
Has the insured been served with a Summons by the Sherriff	Yes	No	Add attachment
Has the insured appointed an Attorney or Loss Adjustor to act on their behalf? <i>If yes, please provide name of company and contact details</i>			Yes No

Insured's investigation

Has the insured conducted their own investigation into the incident

Yes

No

[Add attachment](#)

What is the insured's view on Liability (is the insured of the opinion that they may be liable for the loss suffered). If yes, please provide reasons

Yes

No

Are there other individuals/parties who may have contributed to the incident?

Are there any additional details which you wish to notify Chubb of

I / We declare that to the best of my/our knowledge the above statement is true

We declare the foregoing particulars to be true and complete and correct in every respect

Insured Name

Capacity

Signature

Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: www.chubb.com/za-en/privacy-policy

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.RSA@chubb.com

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult. If you need assistance please contact ecomunications@chubb.com

Chubb. Insured.SM

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Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196