

International Transfer Payment Form

I confirm my interest in receiving payments thorough the bank’s electronic funds transfer system. Banking information is listed below.

Personal Information (Claimant)

Name		
ID Number	Policy Number	
Address		
City	Country	Email

Payment Beneficiary’s Information

Name		
ID Number		
Addresss		
City	Country	Email

Beneficiary Bank Information

Name	
Country	
Account No.	
ABA (9 digits)	
SWIFT CODE	

A SWIFT or ABA number is required to send the transfer.

Intermediary Bank Information (optional)

Name	
Country	
ABA (9 digits)	
SWIFT CODE	

The Policyholder, the Insured and/or the Claimant, acknowledge and accept that they have delivered to Chubb Seguros Panamá S.A sensitive data under Law 81 of March 26, 2019 and Confidential under section 18 of Article 3 of the Law 12 of April 3, 2012. The Policyholder, the Insured and/or the Claimant accepts and authorizes the processing of data for the fulfillment of the purposes of contracting insurance and its transfer between entities affiliated to the Chubb Group or third parties hired by it, in compliance with the rights established in Law 81 of March 26, 2019. The owner of personal data has the power to exercise the right of access, rectification, cancellation (when there is a legal basis for this), opposition and portability free of charge, in the time provided by law and receive evidence of the updating of the database, in accordance with the provisions of articles 15, 16 and 17 of Law 81 of March 26, 2019.

Authorized Signature (Claimant)

Date (Month / Day / Year)