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Claims Declaration Form
Individual Travel Insurance

Instructions

1. Complete the form in all parts with print and legibly.
2. Submit evidence of your claim according to coverage.
3. Attach a copy of your personal identity document.

Part I – Insured Claimant Information

Policy No. _____ Certificate No. _____

Name of the Titled Insured _____

Name of the Insured Claimant _____

Personal Identity No. (Passport) _____ Occupation _____

Complete Address _____ Residence Phone _____

City Address _____ Country Address _____ Cell Phone _____

E-mail __ _____

Part II – Coverage Claimed

- ☐ Accidental Death During Travel
- ☐ Organ Loss by Accident
- ☐ Medical Expenses for Accident / Illness
- ☐ Emergency Dental Expenses
- ☐ Medicines
- ☐ Emergency Medical Transfer
- ☐ Repatraition of Mortal Remains
- ☐ Daily Income for Hospitalization
- ☐ Journey Delay
- ☐ Journey Cancellation or Interruption
- ☐ Loss of Luggage
- ☐ Luggage Delay
- ☐ Protected Purchase (theft with violence)
- ☐ Personal Property
- ☐ Forced Burglary to Resident Home
- ☐ Other: _____

CHUBB

Part III – Travel Details

Stat Date of Trip _____ /_____ /_____ (Month/Day/Year) Return Date of Trip _____ /_____ /_____ (Month/Day/Year)

Country Origin _____ Country Destination _____

Part IV – Claim Details

Occurrence Date _____ /_____ /_____ (Month/Day/Year) Place where the incident occurred _____

Describe how the incident occurred

_____

_____

_____

_____

☐ Claim related to COVID-19

Claimed Amount _____ Currency _____

Authorization

I declare that the information mentioned here is complete and accurate. I assume full responsibility for its veracity and I promise the Company to provide all the information required for the attention and analysis of this claim.

Consequently, I authorize Chubb Seguros Panamá S.A. to verify the information mentioned here and to demand all kinds of information on the facts related to the claim and by which the circumstances of its realization and the consequences thereof can be determined, including additional information to that which in principle is requested and delivered.

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.

I hereby fully authorize Chubb Seguros Panamá S.A. to transmit to third parties the information provided in this document and in any other that you have subscribed with them so that they can fully evaluate the claim to the services included in my insurance policy, including but not limited to adjusters, experts and any other expert that they require to be able to use the information, in the manner that I have authorized or that the laws of the Republic of Panama allow.

_____ _____

Insured Claimant Signature Date (Month/Day/Year)