

International Transfer Payment Form

I confirm my interest in receiving payments through 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		
Address		
City	Country	Email

Beneficiary Bank Information

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

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

Intermediary Bank Information (optional)

Name of the Bank	
Country	
ABA (9 digits)	
SWIFT CODE	

I acknowledge and accept that the personal and banking data provided will be processed by Chubb Seguros Panamá S.A. for the purpose of managing payments via bank transfer and complying with applicable legal and contractual obligations. I authorize their potential transfer to affiliated entities and/or contracted third parties, subject to appropriate confidentiality and security measures, including transfers outside the Republic of Panama. In accordance with Law 81 of 2019 on Personal Data Protection, I have the right to exercise my rights of access, rectification, cancellation, opposition, and portability of my personal data. The procedure to exercise these rights, the data retention criteria, the existence of automated decision-making, and the contact details of the Data Protection Officer are detailed in the Privacy Policy available on the company's website.

 Authorized Signature (Claimant)

 Date (Month / Day / Year)