

Claim form

Personal effects and money

Please write in black ink and use block capital letters.

All sections must be completed or marked 'not applicable'.

Complete the checklist and ensure that you sign the declaration at the end of this form.

Policy number

Main Policyholder details

Title

First name

Last name

Email address

Date of Birth (DD/MM/YY)

Full address

Postcode

Contact no. (day)

Contact no. (eve)

For security purposes please provide a password which will be required to access your claim information

This is for additional security and you may be asked for it when calling Chubb.

Insured persons details

Full name

Date of Birth
(DD/MM/YY)

Relationship to
main policy holder

I intend to claim
on behalf of: (✓)
where applicable

Travel details

Type of travel: **Business:** ☐ **Holiday:** ☐ Date of trip: _____

Please give date of loss/damage/theft: _____

In which country did the loss/damage/theft occur: _____

Please give full details of the loss/damage/theft: _____

To whom was the loss/damage/theft reported? *(please see notes below and provide a copy of this report):* _____

On which date was the loss/damage/theft reported? _____

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)? _____

Please provide any written evidence: _____

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates / invoices

Is any property lost/damaged/stolen insured by any other company? Yes: ☐ No: ☐

If Yes, please supply name, address, telephone number and policy number _____

Please supply name, address, telephone number and policy number of household contents insurers _____

Have you had any previous claims on this type of insurance? Yes: ☐ No: ☐

If YES, please give details with relevant dates _____

Details of expense

All accounts, bills, receipts, medical certificates, booking invoices, any correspondence and any other documents relative to this claim should be forwarded to the company

[illegible]

Payee's bank details

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society:

Address:

Postcode

Bank Sort Code

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IBAN

BIC

Account Number

Name of Account Holder (s)

Data protection

Protecting your privacy is very important to Chubb European Group Limited ("Chubb"). Any information that you or your medical representative provides in the claim form and/or Doctor's Statement is "sensitive data" as defined by the Data Protection Acts of 1988 and 2003. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future.

In order to administer your claim, this information will be used by Chubb and its group companies. It may be held in computer and/or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies and private investigators for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as Ireland, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected. Guidelines for sharing of information in this regard are contained in a Code of Practice on Data Protection for the Insurance Sector which has been approved by the Data Protection Commissioner.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

I give permission for any Medical Practitioner, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records.

Signed

Name

Date

Checklist

Please ensure:

- ☐ You have completed **all** questions on this claim form included any marked 'N/A'
- ☐ You have enclosed all requested information/documentation
- ☐ You have signed the declaration section

Failure to do so will result in a delay in handling your claim

Chubb. Insured.SM

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