

Chubb Insurance Pakistan Limited

6<sup>th</sup> Floor, N.I.C. Building Abbasi Shaheed Road Off Shahrah e Faisal Karachi 74400 P O Box 4780 Karachi 74000 T +92 21 111 789 789 F +92 21 3568 3935 pakistan@chubb.com www.chubb.com/pk

### **Travel Claim Form**

General		
Claimant's Full Name:	Address:	
Tel. No.:		
Age:	Travel Agent:	
Date of booking:	Booked Trip Dates from:	To:
Purpose of overseas trip:		
Please give name and address of your household Comprehensive and All Risks Insurer and the Policy No.:		
Documents Required for all Claims		
<ul> <li>Certificate of Insurance</li> <li>Tour Operators Confirmation of Booking, Invoice, or copies of A</li> </ul>	Airline Tickets	
Medical Expenses Hospital Benefit		
Name of Claimant:	Date and Place of Accident/or o	nset of Sickness:
Nature of Accident or Sickness:	Date of Admission:	Date of Discharge:
	If Sickness - Date first symptom	s appeared:

PK-CF7000 05/17 1

Has the claimant ever seen a Doctor for a similar condition in the past? If yes, please give following details:

Sr. No	Date	Name of Doctor	Address	
1.				
2.				
Nature of	f Expenditure	To Whom Paid/Payable	Amount (state currency if not Rupees)	Indicate if any bills are unpaid
If any bills are	e unpaid, give name	e and address of the payee:		
Documents	Required			

- · Medical Bills for the full amount of the claim, Receipts for amounts claimed for additional travel or accommodation.
- If Hospital Benefit is claimed, a letter confirming the date of admittance and the date of discharge from the hospital is required.

#### **Data Protection**

Protecting your privacy is very important to Chubb Insurance Pakistan Limited ("Chubb").

Any information that you or your medical representative provides in the claim form and/or Doctor's Statement is sensitive data and 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.

#### **Declaration and Authorization**

- 1. I declare that the above information is true and complete to the best of my knowledge and belief.
- 2. I hereby authorize any Doctor or any other person who has ever medically attended to the Claimant, or any hospital in which he or she has been treated to disclose any relevant knowledge or information which they acquired to Chubb Insurance Pakistan Limited, or their Authorized Representative.

Policyholder's Name: Signature:

PK-CF7000 05/17 2

Baggage Perso	onal Effects and Money (includ	ling delayed baggage)			
Time Date and Plac	ce of loss/damage:	Full details o	f loss/damage or	·delay:	
To whom did you r	eport the loss:				
Did you report the	loss to the Police?	If yes, date re	eported:		
Yes No					
Address of Police S	tation:				
<b>7</b> (1) / 1	1. 1 1. 6				
company etc):	urred in the custody of a carrier (airl				
Date reported to carrier:  Name and address of carrier:					
Baggage	Details of item/s	Place Bought	Purchase Date	Purchase Price	Amount Claimed
Initials of owner	lost or damaged including make/model etc.		Date	THE	Ciamicu

PK-CF7000 05/17 3

Money initials of owner	Amount in notes (Rs.)	Amount in foreign currency notes	Total amount claimed

#### **Documents Required**

- · Receipt for items claimed
- Property Irregularity Report if baggage lost or damaged by an airline
- If claim for delayed baggage
  - receipts for all items purchased
  - letter from airline confirming reason for delay and duration
- · Money and theft claims police report

#### **Declaration and Authorization**

- 1. I declare that the above information is true and complete to the best of my knowledge and belief.
- 2. I hereby authorize any concerned authority / office / person to disclose any relevant knowledge or information which they acquired to Chubb Insurance Pakistan Limited, 6th floor, N.I.C Building, Abbasi Shaheed Road, Karachi, or their representative.

Name:	Signature & Date:
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Chubb. Insured.<sup>™</sup>

4

PK-CF7000 05/17



#### Chubb Insurance Pakistan Limited

#### بیمہ پالیسی کے متعلق شکایات CUSTOMER COMPLAINTS LEAFLET

Chubb is dedicated to providing high quality service and the way in which we handle complaints is an integral part of our service to customers.

This guide will help you inform us of your concerns so we can try to resolve them.

#### **How to Complain**

You may contact our office to complain in one of the following ways:

- By email at pakistan@chubb.com
- By telephone on UAN + 92 21 111 789 789 or Nationwide toll- free 0800 54321
- By letter to:

The Executive Secretary Chubb Insurance Pakistan Limited 6th Floor, NIC Building Abbasi Shaheed Road Off Shahrah-e- Faisal Karachi 74400

Please quote policy details on any correspondence.

It may be that we can resolve your complaint over the phone. We will endeayour to do this for any urgent issues. However, your complaint may require further investigation. If so, we will send you a written acknowledgement within 3 working days of receipt of your complaint stating:

- How we will handle it:
- Who will handle it;
- What you need to do, if anything;

Your complaint will be investigated by a senior member of our team.

You will be sent a detailed response within 1 working week of receiving your complaint. If we cannot respond in this time, we will write to you to explain and let you know when you should expect to receive a response.

If you have any concerns in the meantime, you can contact the person identified on the acknowledgement letter.

Our response will either:

- Accept your complaint and offer some form of redress, if necessary
- Reject the complaint giving full reasons for doing so

#### Not satisfied with our response?

If you have received a final response to your complaint from us and you are not satisfied, you may refer your complaint to the Chief Executive of Chubb Insurance Pakistan Limited for a second review, at the following address:

The Chief Executive Chubb Insurance Pakistan Limited 6th Floor, NIC Building Abbasi Shaheed Road Off Shahrah-e-Faisal Karachi 74400

Any referral to the Chief Executive should be made within 30 days from your receipt of our response.

If you are not satisfied with the response you receive from the Chief Executive, you may refer your complaint to the Federal Insurance Ombudsman's Secretariat, or to the Small Disputes Resolution Committee the details of which are in the attached leaflet. Any referral must be made within 30 days from your receipt of our response.

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر،ایجنٹ،سروئیر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو آپ درج ذیل دفاتر میں رابطہ کرسکتے ہیں:۔

Any referral to the Ombudsman should be in writing to:

Federal Insurance Ombudsman 2nd Floor, Pakistan Red Crescent Society Annexe Building, Plot # 197/5, Dr. Daud Pota Road, Karachi Phone: 021-99207761-62

Website: www.fio.gov.pk

وفاقى انشورنس محتسب سيكند فلور ، پاكستان ريد كريسنت سوسائتي، انيكسي بلدنگ، يلات نمبر 197/5، ڈاکٹر داؤد يوتا روڈ،کراچي فون: 021-99207761-62 www.fio.gov.pk

We look forward to assisting you in resolution of any complaints you may have in respect of our services. We therefore hope you will contact us in the first instance, prior to making any referral to the Federal Insurance Ombudsman in order to give us the opportunity to do so.

## COMPLAINTS RESOLUTION FORUMS

## Complaints in respect of Insurance Policy

If you have any complaint or grievance against the insurance company, broker, agent, surveyor or bank representative in respect of your insurance policy, you may file your complaint with the following offices:

#### FEDERAL INSURANCE OMBUDSMAN

2nd Floor, Pakistan Red Crescent Society Annexe Building, Plot # 197/5, Dr. Doud Pota Road, Karachi Phone: 021-99207761-62

Website: www.fio.gov.pk

# OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (ISLAMABAD)

The Management Executive, Insurance Division, 3rd Floor, NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad

Phone: 051-9207091-4 Ext: 439 Email: complaints@secp.gov.pk

## OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (LAHORE)

The Deputy Registrar of Companies, Company Registration Office -Lahore, Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore

Phone: 042-99204962-66 Ext: 28 Email: complaints@secp.gov.pk

# OFFICIAL COORDINATOR, SMALL DISPUTES RESOLUTION COMMITTEE (KARACHI)

The Deputy Director, Specialized Companies Division, 5th Floor, State Life Building No.2, Wallace Road, Off I.I. Chundrigar Road, Karachi

Phone: 021-32414204 Email: complaints@secp.gov.pk

# بیمہ یا کیسی کے تعلق شکایات

اگرآپ کواپنی بیمہ پالیسی کے متعلق انشورنس کمپنی ، بروکر ، ایجنٹ ، سروئیریا بینک نمائند ہے کے خلاف کوئی شکایت ہوتو آپ درج نِر بل دفاتر میں رابطہ کر سکتے ہیں۔

وفاقی انشورنس محتسب،

سینڈ فلور، پاکستان ریڈ کر بینٹ سوسائٹی،انیکسی بلڈنگ، پلاٹ نمبر197/5،ڈاکٹر داؤد بوتاروڈ،کراچی فون: 021-99207761-62 www.fio.gov.pk

دفترى رابطه كار (اسلام آباد)

سال دُسپیوٹس ریز ولوٹن تمیٹی ،سیکیو رٹیز اینڈ ایسچینج تمیثن آف پاکستان تھر ڈ فلور ،این آئی سی ایل بلڈنگ ،اسلام آباد

فون: 051-9207091-4 ایسٹیش: 439،ای میل: 051-9207091-4

دفترى رابطه كار (لا مور)

سال دْسپيولْس ريز ولوش كميني "بيكيو رڻيز ايندُ اينجينج كمينث آف پا كستان

ايسوسي ايث ہاؤ س، 3rd فلور، 07- ايجرڻن روڈ ، لا ہور

فون نمبر: 042-99204962-66ا يستينش: 28، اى ميل: 042-99204962-66

دفتری رابطه کار (کراچی)

سال ڈسپیوٹس ریز ولوش کمیٹی ، 5th فلور، سٹیٹ لائف بلڈنگ 02، والیس روڈ، آف آئی آئی چندریگرروڈ، کراچی فون نمبر: 32414204

ای میل: complaints@secp.gov.pk