

Travel Claim Form

The acceptance of this Form is NOT an admission of liability on the part of the Company.

CHUBB®

Particulars of Insured Person/Claimant

| | | | |
|--------------------------------|--|-----------------------|---|
| Name of Insured Person: | | | |
| Address: | | | |
| Tel. No. (Office): | | Tel. No. (Residence): | |
| Policy No.: | | | |
| Period of Insurance: | | | |
| E-mail Address: | | | |
| Name of Intermediary (if any): | | | |
| Name of Claimant | | | |
| Address: | | | |
| Tel. No. (Office): | | Tel. No. (Residence): | |
| Date of Birth: | | Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Occupation: | | | |
| E-mail Address: | | | |

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorize and request Chubb to pay benefit due in respect of this claim as follow (Name as per Identification Card and / or Bank Account).

Electronic Funds Transfer (for payments in Peso and to bank account in Philippines)

Payee Name (as per bank account name) _____

Name of Bank _____

Branch Code No. _____ Account No. _____

If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

Particulars of Loss/Occurrence

| | | | |
|---|-------|---------------|--|
| Period of Travel: | From: | To: | |
| Destination Country(ies): | | | |
| Explain exactly how the loss occurred: | | | |
| Place of loss or occurrence: | | | |
| Date of loss: | | Time of loss: | |
| When and by whom was the loss discovered: | | Relationship: | |
| Name(s) of witness(es) to the Incident: | | | |
| Address of witness(es) to the Incident: | | | |
| Passport No.: | | Contact No.: | |

Claims History

Have you or any insured person previously made a claim under a travel policy? Yes No
 No If yes, please specify below:

| | |
|--|---|
| Date & Circumstances of Similar Condition & Occurrence | |
| Name of Insurance Company(s) Involved | (Please use supplementary sheet if necessary) |

(A): Accidental Death / (B): Disability and Dismemberment / (C): Medical Expense
 (Please use the Accident and Sickness Proof of Loss Claim Form)

(D): Overseas Travel Benefit

Section (1): Medical Expense / (8): Medical Evacuation & Repatriation / (9): Hospital Confinement
 (Please use the Accident and Sickness Proof of Loss Claim Form)

Section (2): Travel Delay / (3): Missed Connecting Flight / (7): Baggage Delay
 (Please attach letter from Carrier/Airlines and Boarding Pass)

| Original Flight Details | | Delayed/Missed Flight Details | | Collection of Delayed Baggage | |
|----------------------------------|--|---|--|-------------------------------|--|
| Date: | | Date: | | Date: | |
| Time: | | Time: | | Time: | |
| Place of Departure: | | Place of Departure: | | Place of collection: | |
| Flight No.: | | Flight No.: | | | |
| Name of Airline: | | Name of Airline: | | | |
| Expenses Incurred By You: | | Amount Recovered From Other Sources: | | Amount Claimed : | |

Section (4): Loss or Damage of Baggage and Personal Effects
 (Please furnish relevant Report from relevant authorities or Carrier/Airlines AND original purchase receipts)

Give Details of Amount Claimed

| | |
|--------------------------------------|---|
| Description of Item: | |
| When and Where Purchased: | |
| Original Purchase Price: | |
| Amount Recovered from Other Sources: | |
| Amount Claimed: | (Please use supplementary sheet if necessary) |

Section (5): Personal Money/(6): Travel Documents
 (Please furnish relevant Report from relevant authorities or Carrier/Airlines)

Details of Amount Claimed

| | |
|--------------------------------------|---|
| Amount Lost: | |
| Amount Recovered from Other Sources: | |
| Amount Claimed: | (Please use supplementary sheet if necessary) |

Section (11): Trip Cancellation/(12): Curtailment
 (Please attach documents from Carrier/Travel Agent)

| | | | |
|-----------------------------------|---|---|--|
| When and where was travel booked? | | | |
| Intended Departure Date: | | Date Cancelled: | |
| Amount Paid by You: | | Amount Recovered from Other Sources: | |
| Amount Claimed: | (Please use supplementary sheet if necessary) | | |

Section (14): Personal Liability
 (Please attach letter from Third Party, Police or Court)

| | |
|--|--|
| Was the accident due to carelessness, or negligence on your part? | |
| Have you in any way admitted liability? | |
| To which Police Officer and Police Station (if any) did you report the occurrence? | |
| Names & addresses of the other party(ies) | |
| Nature of personal injury sustained by any person | |

Section (14): Personal Liability (continued)
(Please attach letter from Third Party, Police or Court)

| | | | |
|--|--|--------------------------|--|
| Name/Age: | | Nature of Injury: | |
| Extent of damage to property belonging to other party(ies) | | | |
| Has there been a claim made upon you? If so, was the amount of such claim specified? | | | |
| Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you. | | | |

Section (10): Compassionate Visit/(13): Aircraft Hijacking
(Please specify details of any claim)

| | |
|---|---|
| Name of Police Station, Carrier/Airline or other authorities where Report lodged (if applicable): | |
| Details of Claim: | |
| Amount Claimed | (Please use supplementary sheet if necessary) |

*I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and *I/we agree that if *I/we have made or in any further declaration in respect of the said claim, shall make any false or fraudulent statements; or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

*I/We hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

 Signature of Insured Person/Claimant

 Date

Chubb. Insured.SM

Travel Claims Procedures and Requirements

Submit Travel Claim Form or Accident and Sickness Proof of Loss Claim Form to Insurance Company of North America, a Chubb Company, 24/F Zuellig Building, MaKati Avenue corner Paseo de Roxas, Makati City 1226, Philippines. The claim form has to be completed, signed and attached with the necessary documents according to the section of loss below.

Please note that all claims notification must be sent to Insurance Company of North America within thirty (30) days after a covered loss begins or as soon as is reasonably possible.

A. Accidental Death

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (certified true copies)

- official police report and other related report (i.e. inter-office accident report, newspaper clippings, etc.)
- duly registered death certificate
- autopsy report/medico-legal statement
- affidavit of witness
- available photos taken at incident scene
- proof of relationship of the beneficiary (such as marriage contract, birth certificate, baptismal and passport)
- birth certificate of Insured Person

B. Disability and

Dismemberment Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (certified true copies)

- admitting history and operating room record (if any)
- supplementary medical report indicating physician's prognosis and time of disability
- official accident report (i.e. police report, inter-office accident report, newspaper clippings, etc.)

C. Medical Expense

Accident and Sickness Proof of Loss Claim Form is to be used.

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Documents to enclose:

- original copy of medical bills (itemized charge slips and professional fees included) and original official receipts
- official report pertinent to the accident (i.e. police report, accident report if any)
- emergency room record / admitting history / discharge summary
- all medical results pertaining to the accident
- prescription of medicines

D. Overseas Travel Benefit

Section 1 – Medical Expense

Please refer to Item C – Medical Expense and Section 9 – Hospital Confinement.

Section 2 – Travel Delay

Travel Claim Form is to be used.

Departure point must not be the country of residence or place of employment.

Documents to enclose:

- airline ticket
- travel itinerary
- boarding pass showing the actual take off time & date
- written confirmation from the airline concerned specifying the

Reason(s) and the no. of hours of travel delay

Section 3 – Missed Connecting

Flight Travel Claim Form is to be used.

Documents to enclose:

- airline ticket
- travel itinerary
- airport or airline irregularity report (stating or confirming the late arrival of incoming flight)

Section 4 – Loss or Damage of Baggage and Personal Effects

Travel Claim Form is to be used.

All losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within

24 hours.

Documents to enclose:

- airline ticket
- boarding pass
- travel itinerary
- police report or report issued by responsible Hotel Management or carrier evidencing such losses
- original purchase bills/receipts of lost/damaged items
- original repair bills for damaged items
- if the responsible Hotel Management or carrier has made compensation for the damaged/lost items, please request them to issue a note or letter certifying the amount of money paid to you

Section 5 – Loss of Money and

Section 6 - Loss of Travel

Documents

Travel Claim Form is to be used.

Losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within 24 hours.

Documents to enclose:

- police report or report issued by responsible Hotel Management or carrier evidencing such losses.
- written report of how the loss occurred and description of each item lost

Section 7 – Baggage Delay

Travel Claim Form is to be used.

Arrival point must not be the Insured Person's country of residence or place of employment

Documents to enclose:

- airline ticket
- travel itinerary
- boarding pass showing the actual take off time & date
- written confirmation from airline/ their agents specifying reason and the no. of hours of baggage delay
- written acknowledgement on returned baggage
- all original bills/receipts for the purchase of emergency essential

clothing and requisite items/charge slips of credit card used for purchases

Section 8 – Emergency Medical Evacuation & Repatriation

Accident and Sickness Proof of Loss Claim Form is to be used.

Medical Evacuation and Repatriation will be organised by International SOS

Section 9 – Hospital Confinement

Accident and Sickness Proof of Loss Claim Form is to be used. Documents to enclose :

- hospital statement of account (certified true copy)
- hospital admitting history (certified true copy)
- discharge summary (certified true copy)
- official receipts of Surgeon's and Anesthesiologist's Fees and all expenses incurred inside the Operating Room

Section 10 – Compassionate Visit

Travel Claim Form is to be used. Documents to enclose:

- travel ticket and official receipt
- proof of relationship to visited relative (marriage contract / birth certificate)
- proof of residency of the sick relative in the country to be visited
- medical certificate for the sick relative stating condition and prognosis

Section 11 – Trip Cancellation

Travel Claim Form is to be used. Documents to enclose:

- proof of cancellation notice issued by the relevant parties
- death certificate and/or medical report
- proof of relationship between the Insured person and his/her parents, siblings, spouse or child

- airline ticket
- travel itinerary

Section 12 – Trip Curtailment

Travel Claim Form is to be used. Documents to enclose:

- proof of cancellation notice issued by the relevant parties
- death certificate and/or medical report
- proof of relationship between the Insured person and his/her parents, siblings, spouse or child
- airline ticket
- travel itinerary

Section 13 – Aircraft Hijacking

Travel Claim Form is to be used. Documents to enclose:

- police report or report issued by the carrier, confirming that the Insured Person was a victim of the hijack and the duration of hijack
- copy of the airline manifesto as proof that he is really a passenger in that flight

Section 14 – Personal Liability

Travel Claim Form is to be used.

In no circumstances should the issue on legal liability be admitted to any third party claimant(s).

Documents to enclose:

- letters/writs/summons from the third party / police / court order

Fraud Warning

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim

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