# Student Accident Claim Report Form

Policy No.:

Grade & Section:

Class:

CHUBB®

Name of School: _____

Student's Name: _____

Birthday: _____

Description of Accident: _____

_____

_____

_____

_____

Diagnosis of Injury: _____

_____

_____

Did accident occur while at school, while travelling to and from school, while participating in school sponsored activities, or while travelling to and from school sponsored activities? ☐ Yes ☐ No

If **YES**, please indicate date and place of accident:
Name and address(es) of witness(es):

_____ _____

_____ _____

Has patient ever had same or similar condition? ☐ Yes ☐ No

Name of Hospital: _____

Address: _____

_____

Date of Confinement:

From: _____ To: _____

Please indicate below to whom payment shall be made:

☐ Doctor ☐ Parent ☐ Hospital ☐ Others _____

_____

Complete Name of Payee

**I hereby certify** that the foregoing statements are true and correct to the best of my knowledge.

**Approved:**

| Signature and Title of School Head | Parent's Signature | Date |
|---|---|---|

**Please attach all Hospital and other Medical bills**

**Medical Information Authorization: I hereby authorize** any hospital, physician or other person who has attended to or examined the above-named student, to disclose when requested to do so by Insurance Company of North America (a Chubb Company), or its representative, any and all information, prescriptions or treatment, with respect to any illness or injury, medical history and copies of all medical or hospital records. A photostatic copy of this authorization shall be considered as affective and valid as the **Original.**

**Approved:**

| _____M.D. | _____ |
|---|---|
| (Signature over Printed Name) | Parent's Signature |

| **Supporting Papers Attached** (Please check) | |
|---|---|
| A. For Medical Reimbursement Benefit<br>B. For Dismemberment Benefit<br>C. For Death Benefit | ☐ Police Report, Original bills and receipts, Doctor's prescription<br>☐ Certified copy of Operating Room Record<br>☐ Birth Certificate, Death Certificate, Autopsy Report, Police Report, Affidavit of Witness<br>☐ Photograph/Newspaper clipping<br>☐ Proof of Relationship of Beneficiary to Insured |

You will be notified in case additional documents are required. The Company makes no admission of liability or waiver of rights by furnishing this form.

**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.

**Contact Us**

Insurance Company of North America
A Chubb Company
24th Floor, Zuellig Building
Makati Avenue Corner Paseo de Roxas
Makati City, Philippines 1226
O +63 2 849 6000
F +63 2 325 1669
www.chubb.com/ph

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