

Claims Declaration Form Chubb Travel Insurance

Instructions

1. Complete the form in all parts with print and legibly.
2. Submit evidence of your claim according to coverage.
3. Attach a copy of your personal identity.

Part I – Claimant Information

Name of the Titled Insured _____

Name of the Claimant Insured _____

Policy No. _____ Personal Identity Card No. _____

Complete Address _____

Residence Phone _____ Work Phone _____ Cell Phone _____

Relationship with the Titled Insured _____ Occupation _____

E-mail _____

Part II – Coverage Claimed

- | | | |
|--|---|---|
| <input type="checkbox"/> Trip Cancellation | <input type="checkbox"/> Emergency Medical Travel | <input type="checkbox"/> Emergency Medical Transportation |
| <input type="checkbox"/> Loss Luggage | <input type="checkbox"/> Medicines | <input type="checkbox"/> Accidental Death |
| <input type="checkbox"/> Baggage Delay | <input type="checkbox"/> Assault Coverage | <input type="checkbox"/> Repatriation of Mortal Remains |
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Burglary (Theft at home residence) | |

Part III – Claim Details

Travel Duration: From ____/____/____ (Day/Month/Year) To ____/____/____ (Day/Month/Year)

Country/City of Origin _____ Country/Destination City _____

Loss Date ____/____/____ (Day/Month/Year) Place with the loss occurred _____

Loss Description

Authorization

I declare that the information herein mentioned is complete and exact. I assume all the responsibility for the truthfulness and I agree to provide the Company with all the required information for attention and analysis of this claim.

Consequently, I authorize Chubb Seguros Panamá S. A. to verify the information herein given and to demand all kinds of information about the facts related with the loss and for which the circumstances of the event can be determined and its consequences, including additional information which can be in principle requested and provided.

 Claimant Signature

 Date (Day/Month/Year)