

Claim form

Hospitalisation & Medical Expense

Please write in black ink and use block capital letters.

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa

Please ensure:

- You fully complete every question contained in this claim form
- That you attach a copy of your ID document
- That you attach a copy of the relevant hospital account / statement
- You fully complete every question **before** your doctor completes his statement
- Ensure that the hospital verification section is completed
- Your attending doctor fully completes the statement

Personal details – To be completed by the policy holder

Name of Policy:

Certificate/Policy Number:

Title: Full Name of Insured Person:

Date of Birth:

ID No.

Tel. No (Business):

Physical Address:

Tel. No (Home):

Fax No:

Cell Phone No:

Email:

Details of illness

State the date when the patient became aware of the illness:

Date first consulted the Doctor:

Title: Full Name of Patient:

Relationship to policy holder:

ID No:

Patient Occupation:

Height:

Weight:

State the full details and nature of the illness:

Who is the patient's usual medical practitioner?

Hospitalisation: (Please state full details)

a) Name of hospital/clinic:

b) Admitted

Date:

Time:

c) Discharged

Date:

Time:

Has the patient suffered this condition before?

Details of the accident

Please give exact date and time of the accident:

Date:

Time:

Am/Pm:

Title: Full Name of Injured Person:

ID No:

Where did the accident occur?

How did the accident occur?

Full details of injuries sustained:

Period of Hospitalisation: (Please state full details)

Type of hospital/ward:

Name of Doctor/Consultant in charge:

Admitted:

Date:

Time:

Discharged:

Date:

Time:

Is there any other information you feel is relevant?

Signed:

Print Name:

Date:

Tel. No:

Please use validation stamp or complete
in block capitals:

Chubb. Insured.SM