

Contact us for more information:

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Claim form

Non Medical Travel

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 and admission of your claim by Chubb Insurance Limited South Africa

Please ensure:

□ You fully complete every question contained in this claim form.

□ You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number written in the top right hand corner.

Please attach to this claim form, or forward as soon as they are available, copies of the following documents:

- Copy of your air ticket(s)
- · Identity document of the Policy Holder or claimant
- For air carrier loss/theft/damage a property irregularity report from the air carrier
- For air carrier loss/theft/damage the settlement advice from the air carrier
- For airline delays a letter from the airline confirming reason, date and duration of the delay
- For other loss/ theft a police report from the country where the loss/theft occurred
- You or your legal representative has signed the claim form.

1. Personal details – to be completed by the policy holder				
Name of Policy:		Certificate/Policy Number:		
Full Name of Policy Holder:		Name of Claimant:		
Name of Employer:		Name of Airline:		
How did you pay for your air ticket:	Bank:	Card Number:		

Travel Dates			
Departure:		Country of Departur	e:
Return:		Country of Destination	on:
Date of Birth:		Physical Address:	
ID No:			
Tel. No (Business):			
Tel. No (Home):		Fax No:	
Mobile No:		Email:	
2.Details of loss – please tick the relevan	nt section being claime	d for This section to be	e completed by the policy holderbaggage
 Baggage Loss Baggage Delay Travel Delay Travel Cancellation/ Curtailment 		Personal Liability Loss of personal Belo Damage to personal Other	ongings
Date on which loss occurred or was discovered:	Country in which loss was discovered?	s occurred or	If Baggage or Travel delay, how long was the delay?
Country in which the delay was experienced?	Was the loss reported airport official?	l to the airline or	Date that the loss was reported to the airline:
Was a reference number provided?	Yes No	Please provide the re	eference number:
Was compensation received from the airline	e? Yes No	If Yes, please state ar	nount?

Signature

If not reported please provide reason:

For loss of tangible property, are you

the sole owner of the goods?

Are you claiming from your Yes No If Yes, name insurer: Short term All Risk Insurer? Policy Number: 3.Details of items being claimed for Purchased or Sum Claimed for Description of Replacement price Deduction For AGE, Present Value Missing Articles Acquired From? Usage, Wear & Tear

No

If No, please provide details of the owner:

Yes

Please provide receipts for the replacement of items exceeding the value of R500.00.

4. Authorisation

Please note that this claim form will only be accepted if this declaration has been signed by the policyholder, claimant or authorised person.

I

hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for Chubb Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that nay misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.

Signed by the claimant or his/her legal representative on this

day of

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