

Contact us for more information:

T +27 11 722 5757 F 011 783 0812 myclaim@chubb.com

# Claim form

### Non Medical Travel

### Please write in black ink and use block capital letters.

- $\bullet \ \ Please\ return\ the\ completed\ claim\ form\ together\ with\ any\ enclosures\ to\ your\ insurance\ broker\ or\ to\ Chubb\ at\ the\ address\ shown$
- 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.									
	<ul> <li>Please attach to this claim form, or forward as soon as they are available, copies of the following documents:</li> <li>Copy of your air ticket(s)</li> <li>Identity document of the Policy Holder or claimant</li> <li>For air carrier loss/theft/damage – a property irregularity report from the air carrier</li> <li>For air carrier loss/theft/damage – the settlement advice from the air carrier</li> <li>For airline delays – a letter from the airline confirming reason, date and duration of the delay</li> <li>For other loss/ theft – a police report from the country where the loss/theft occurred</li> </ul>									
You or your legal representative has signed the claim form.										
1. Personal details – to be completed by the policy hold		the policy holder								
Nai	me of Policy:		Certificate/Policy Nu	amber:						
Full Name of Policy Holder:			Name of Claimant:							
Name of Employer:			Name of Airline:							
Ho	w did you pay for your air ticket:	Bank:		Card Number:						

1

## Departure: Country of Departure: Return: Country of Destination: 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 relevant section being claimed for. This section to be completed by the policy holderbaggage. Baggage Loss Personal Liability Baggage Delay Loss of personal Belongings ☐ Travel Delay Damage to personal Property ☐ Travel Cancellation/ Curtailment Country in which loss occurred or If Baggage or Travel delay, how long was Date on which loss occurred or was discovered: was discovered? the delay? Country in which the delay Was the loss reported to the airline or Date that the loss was reported to was experienced? airport official? the airline: Was a reference number provided? ☐ Yes ☐ No Please provide the reference number: Was compensation received from the airline? Yes No If Yes, please state amount?

Travel Dates

If not reported please provide reason:									
For loss of tangible prope	☐ Yes [	□No	If No, please provide details of the owner:						
the sole owner of the good	15?								
Are you claiming from yo	☐ Yes [	□No	If Yes, name insurer:						
Short term All Risk Insur									
				Policy Number:					
3.Details of items be									
Description of Missing Articles	Purchased or Acquired From?	Replacemen		price	Deduction For AGE, Usage, Wear & Tear	Sum Claimed Present Value			
Please provide receipts fo	or the replacement of ite	ems exceedi	ng the v	alue of R50	0.00.				
4. Authorisation									
Please note that this claim t	form will only be accepte	d if this decla	aration l	nas been sign	ned by the policyholder, clai	mant or authoris	sed 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 represent	tative on thi	s		day of		20		
Signature									

05/2021 ZA-F0042 3

#### **Data Protection**

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: <a href="https://www.chubb.com/za-en/privacy-policy.html">https://www.chubb.com/za-en/privacy-policy.html</a>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us by email at: <a href="https://dataprotectionoffice.RSA@chubb.com">dataprotectionoffice.RSA@chubb.com</a>.

Chubb. Insured.<sup>™</sup>

Chubb Insurance South Africa Limited (Reg. No. 1973/008933/06), a licensed Non-Life Insurer and an authorised Financial Services Provider (FSP:27176). Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196.

05/2021 ZA-F0042