CHUBB®

Chubb Samaggi Insurance PCL.
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Bangkok 10210

บริษัท ชับบ์สามัคคีประกันภัย จำกัด (มหาชน)
2/4 อาคารชับบ์ ชั้นที่ 12
โครงการนอร์ธปาร์ค ถนนวิภาวดีรังสิต
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Personal Accident, Health and Travel Claim Form

To avoid unnecessary delay in claim process by (1) Completed Claim form (2) Prepare the relevant documents and (3) Registered mail to company within 30 days from the date of the event. Part 1-3 are the list of minimum documentation required to process claim. In certain circumstances additional information may be required in order for further confirmation. We are unable to return original documents, but we will provide certified copies on request.

The standard processing time is seven (7) business days after review and approval of all documents.

POLICY INFORMATION

Name of Insured Person	Policy No(s).	
ID / Passport No.	Gender	Date of Birth
Address		
Occupation	Email	
Mobile / Telephone No.	Travel Agency	
Have you lodged the claim with the similar circumstance to other insurance company or other sources? If yes, state:		
For the claim under Credit or Debit card previlleges please specify issuing bank name.....(Please do not fill in card number)		

PAYMENT DETAILS

☐ Cheque Payment

- To Address _____

☐ Direct Transfer to Savings Account

- Please attached a copy of Insured's bankbook with account name and number

DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I'm/We're the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Chubb. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for Chubb and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the Chubb Group or any third party service provider, and whether within or outside of Thailand and the Policyholder when claiming under a Group Policy) for the purpose of enabling Chubb and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with Chubb.

_____	_____	_____	_____
Signature of Insured Person	Date	Signature of Claimant	Date

FOR OFFICER ONLY

Name _____	Branch _____
Telephone no. _____	Date _____

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following: Tel. 0 2555 9100 or Email to ClaimmailA&H@chubb.com. We suggest you make a copy of your bill(s) and your completed claim form for your records. **Delays can occur or claims may be denied because of missing information.**

Part 1 : ☐ Medical Expenses ☐ Hospital Income Protection / Broken Bone ☐ Cancer Insurance

Date and Time of Accident/Sickness ; Date / / Time

Date of treatment / / Time

Cause of Accident/Sickness (Please provide full details of symptoms/medical condition)

Accident by vehicle type

☐ Car ☐ Motorcycle ☐ Other_____

☐ Driver ☐ Passenger ☐ Other_____

Police Station_____

Documents Required (Please tick against the documents you have submitted)

Medical Expenses

- ☐ All original medical receipts - Total number of receipts_____
  Total amount of receipts_____
- ☐ Medical Certificate (Certified by related organization)
- ☐ Identity Card or Passport (Certified true copy)
- ☐ Insurance card (Certified true copy)
- ☐ Employee Certificate (as the case may be)
- ☐ Flight itinerary information (e.g. Copy of boarding pass or E-tickets)

Hospital Income Protection / Broken Bone

- ☐ Medical Certificate (Certified by related organi
- ☐ Admission / Discharge Report (as the case may
- ☐ Identity Card or Passport (Certified true copy)
- ☐ X-Ray film and interpretation by physician (Broken Bone only)

Cancer Insurance

- ☐ Medical record. (Certified by related organization)
- ☐ Pathology (Certified by related organization)
- ☐ Identity Card or Passport (Certified true copy)

Part 2 : ☐ Death ☐ Total Permanent Disability ☐ Dismemberment

Date and Time of Loss / Accident; Date / / Time

Place of Loss / Accident

Cause of Loss / Accident (Please provide full details of symptoms/medical condition)

Documents Required (Please tick against the documents you have submitted)

Death

- ☐ Insured Person's Identity Card and Census Registration (Certified true copy)
- ☐ Beneficiary's Identity Card and Census Registration (Certified true copy)
- ☐ Death Certificate (Certified by related organization)
- ☐ Autopsy Report (Certified by related organization)
- ☐ Police Report (Certified by related organization)

Total Permanent Disability and Dismemberment

- ☐ Medical record (Certified by related organization)
- ☐ Medical report which comfirms Total Permanent Disability or Dismemberment
- ☐ Photograph which confirms permanent disability (if any)
- ☐ Insured Person's Identity Card and Census Registration
- ☐ Beneficiary's Identity Card and Census Registration (as the case may be)

Part 3 : ☐ Loss/Damage to Baggage&Personal Effect ☐ Baggage Delay ☐ Travel Delay ☐ Other Please Specify.....

Date and Time of Loss / Event; Date / / Time

Place of Loss / Event

Please provide full details of Loss / Event

Original Flight Details

Departure Date____/____/____ Time _____ Arrival Date____/____/____Time_____Flight No. _____From_____To_____

Actual Flight Details

Departure Date____/____/____ Time _____ Arrival Date____/____/____Time_____Flight No. _____From_____To_____

Loss/Damage of Baggage or Personal Effects

Description	Date&Place Purchased	Original Cost

Documents Required (Please tick against the documents you have submitted)

- ☐ Passport (Certified true copy)
- ☐ Travel Itinerary and Proof of travel (e.g.Boarding pass or Air tickets)
- ☐ Document confirming(Irregularity Report) issued by Airport, Airline, Carrier or Hotel confirming the data, reason for (and duration of the delay)
- ☐ Original receipt of Damage or Loss of Baggage / Personal Effects
- ☐ Local Police Report, if loss or damage occures threat or use of violence
- ☐ Photo of Damage or Loss of Baggage / Personal Effects

###Third Party Liability Benefit ; Forward all correspondence & documents from third parties to us for our handling###