

Claim form

Fatal Accident

Please write in black ink and use block capital letters.

All sections must be completed or marked 'not applicable'.

Complete the checklist and ensure that you sign the declaration at the end of this form.

Policy number

Main policyholder details

| | | |
|--------------------------|---------------------------------|------------------|
| Title | First name | Last name |
| _____ | _____ | _____ |
| Email address | Date of birth (DD/MM/YY) | |
| _____ | _____ | |
| Full address | | |
| _____ | | |
| | | Postcode |
| _____ | | _____ |
| Contact no. (day) | Contact no. (eve) | |
| _____ | _____ | |

For security purposes please provide a password which will be required to access your claim information
 This is for additional security and you may be asked for it when calling Chubb.

Insured persons details

| Full name | Date of birth (DD/MM/YY) | Relationship to main policy holder | I intend to claim on behalf of: (✓) where applicable |
|------------------------------------|-------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| MAIN POLICY HOLDER AS ABOVE | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employment details

What is your occupation? _____ Date of Birth _____

Please describe your duties: _____

Name & Address of employer: _____

Email address of employer: _____

Claimant details

Claimant Name (Mr, Mrs, Miss, Ms) _____ Date of Birth _____

Please describe your duties: _____

Address if different from above) _____

What is your relationship to Beneficiary of Insurance _____

Telephone No. (home) _____ Telephone No. (business) _____

Email address _____

Accident details

Please give exact date and time when injured: **Date** _____ **Time** _____ am/pm

Please give the date of death: _____

A certified Copy of the Detah certificate will be required when issued:

Please state full particulars of how the accident occurred: _____

Were there any witnesses? Yes/No

If Yes please provide names and addresses _____

Please give full name and address of the Beneficiaries of Insurance General Practitioner _____

Please give full name and address of HM Coroner who will be conducting the Inquest _____

Please give date Inquest held or planned: _____

Payee's bank details

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society: _____

Bank Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Address: _____

Account Number _____

Name of Account Holder (s) _____

Postcode _____

Data protection

In order to administer your claim, this information will be used by Chubb European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

Signed _____

Date _____

Checklist

Please return the completed claim form together with any enclosures to Chubb and please ensure:

- You fully complete all relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

As failure to do so will result in delay in handling your claim.

Chubb. Insured.SM

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