

Claim form

Missed Departure

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 POLICYHOLDER AS ABOVE			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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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 your Insurance Broker or to Chubb and please ensure...

- You fully complete every question **before** your doctor completes his statement
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form
- Your attending doctor fully completes the statement

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

Please return the completed claim form together with any enclosures to:

Chubb European Group Limited, Claims Department, PO Box 4511, Dunstable, Bedfordshire LU6 9QA

Chubb. Insured.SM

Chubb European Group Limited registered number 1112892 registered in England & Wales with registered office at 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Full details can be found online at <https://register.fca.org.uk/>

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