

# Claim form

## Personal effects and money

### Data protection

We use personal information which you supply to us [or, where applicable, to your insurance broker] for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: <https://www2.chubb.com/ie-en/footer/privacy-policy.aspx> or by searching 'Master Privacy Policy' on <https://www2.chubb.com/ie-en/>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).

### 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.

Once completed please email to [travel@ie.sedgwick.com](mailto:travel@ie.sedgwick.com) and include any supporting documentation.

#### Policy number

#### Main Policyholder details

Title

First name

Last name

Email address

Date of Birth (DD/MM/YY)

Full address

Post code

Contact no. (day)

Contact no. (eve)

#### 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

---

### Details of expense

All accounts, bills, receipts, medical certificates, booking invoices, any correspondence and any other documents relative to this claim should be forwarded to the company

[illegible]

## 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: _____	IBAN _____
_____	BIC _____
_____	Account Number _____
_____	Name of Account Holder (s) _____
Postcode: _____	

## Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct. I give permission for any Medical Practitioner, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## Checklist

Please ensure:

You have completed **all** questions on this claim form included any marked 'N/A'

You have enclosed all requested information/documentation

You have signed the declaration section

Failure to do so will result in a delay in handling your claim.

# Chubb. Insured.<sup>SM</sup>

Chubb European Group SE trading as Chubb, Chubb Bermuda International and Combined Insurance, is authorised by the Autorité de contrôle prudentiel et de résolution (ACPR) in France and is regulated by the Central Bank of Ireland for conduct of business rules.

Registered in Ireland No. 904967 at 5 George's Dock, Dublin 1. Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662.