

Claim form Personal effects and money

Chubb European Group SE Travel Insurance Claims Sedgwick, Merrion Hall, Strand Road, Sandymount, Dublin 4

Telephone: 1800 719 420 or +353 (0)1 440 1757

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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/footer/privacy-policy.aspx or by searching 'Master Privacy Policy' on https://www2.chubb.com/ie-en/footer/privacy-policy.aspx or by searching 'Master Privacy Policy' on https://www2.chubb.com/ie-en/footer/privacy-policy.aspx or by searching 'Master Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com/ie-en/.vou can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com/ie-en/.vou can ask us for a paper copy of the Privacy Policy at any time, by contacting us at 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 <u>travel@ie.sedgwick.com</u> 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		

Travel details

Type of travel:	Business:	Holiday:	Date	of trip:	
Please give date of	loss/damage/theft:				
To whom was the l	loss/damage/theft re	eported? (please see notes bei	ow and provide a copy of thi	is report):	
On which date was	s the loss/damage/th	eft reported?			
If article(s) lost/	/stolen:				
What steps were ta	aken regarding recov	ery of the article(s)?			
Please provide any	written evidence:				
If article(s) dam	-	nirs or a letter from a reputab	le dealer confirming irreparab	alv damaged	
	-	please supply replacement es		ny damaged.	
		sured by any other company?		Yes	No
If Yes, please supp	oly name, address, te	lephone number and policy n	umber		
Please supply nam	e, address, telephon	e number and policy number	of household contents insure	rs	
Have you had any	previous claims on t	his type of insurance?		Yes	No
If YES, please give	e details with relevan	t dates			

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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

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of purchase	Original Cost Price	Amount deducted for depreciation/ wear & tear	Amount Claimed €	Receipts/ replacement estimates attached (✓)

Total sum claimed ${\mathfrak E}$

Payee's bank details

Name of your Bank/Building Society:	Bank Sort Code
Address:	
	IBAN
	BIC
	Account Number
Postcode:	Name of Account Holder (s)

If we approve your claim, we can great the manay direct to your bank account. This method is quicker, safer and more reliable than new

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 \boldsymbol{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.

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