

# Travel and cancellation insurance Claim form

**Important:**

- fill in all applicable questions as completely as possible, this will avoid delays in the claim handling process.
- we prefer receiving your claim by e-mail. Of course, you can also send your claim by post. In case of e-mail, please remember to keep the original documents, as we may still ask for them for verification purposes.
- make sure to enclose any declarations, deeds and other evidence right from the start.
- make sure your answers are clearly readable, use capital letters.
- also make sure to sign the form after completing it. Unsigned forms will not be handled.
- please return your claim as soon as possible after the loss event and at the latest within the term specified in the general terms and conditions.

**Claim type:\***

- Accident (complete sections A and B)
- Sickness (complete section A)
- Extraordinary costs (complete section C)
- Loss/damage of luggage (complete section D)
- Travel inconvenience (complete section E)
- Cancellation (complete section F)
- Liability (complete section G)
- Legal Assistance (complete section G)

\* Please tick as appropriate.

**Policy number:**

**Policy holder**

**Surname and initial(s):**

M  F

**Street and house number:**

**Postcode and city:**

**Date of birth:**

**Telephone number Home:**

**Mobile:**

**E-mail address:**

**Bank account number/ IBAN:**

**SWIFT/BIC code of the bank:**

We use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here [<https://www2.chubb.com/benelux-en/footer/privacy-policy.aspx>] or by searching 'Master Privacy Policy' on [www2.chubb.com/benelux-en](https://www2.chubb.com/benelux-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). Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. 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 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. Chubb European Group SE, Belgium Branch, Chaussée de la Hulpe 166, 1170 Brussels, company number BE0867.068.548. In Belgium it falls under the conduct of business rules of the Financial Services and Markets Authority (FSMA). Code NBB/BNB 2312. Citibank (Euro-account) 570-1218055-84, IBAN: BE03570121805584, BIC: CITIBEBX.

**Insured party:** (who suffered damage)

<b>Surname and initial(s):</b>		
<b>Address (for correspondence):</b>		
<b>City:</b>		
<b>Date of birth:</b>		
<b>Telephone number</b>	<b>Home:</b>	<b>Mobile:</b>

**Trip**

<b>Trip start date:</b>		<b>Trip end date:</b>	
<b>Private trip</b>	<b>from:</b>	<b>to:</b>	
<b>Business trip</b>	<b>from:</b>	<b>to:</b>	

**A. Information about the disease and/or accident:**

A1 **When was the first medical care provided? Date (dd-mm-yyyy):**  
 Name of the medical care provider:  
 What are the victim's symptoms?  
 What is the diagnose (if already determined)?

A2 **Is the insured still receiving treatment now?**  Yes  No  
 If so, please state the name and address of the treating physician:

A3 **Has the insured been referred to a specialist?**  Yes  No  
 If so, when and to which specialist?

A4 **Has the insured previously suffered from the same symptoms?**  Yes  No  
 If so, which symptoms and when?

A5 **Is the insured deceased as a result of the accident?**  Yes  No

A6 **Name of the insured's basic medical care insurance. Under which policy number?**

**B. To be filled in after an accident:**

B1 **Date of the accident (dd-mm-yyyy):** **Time (h:m):**

B2 **City and street of the accident:**  
 Exact location:

B3 **Accident caused by:**  The insured  unknown  Third party

Name of the third party:

Address of the third party:

Telephone number:

B4 **Did you report the accident?** (If so, please enclose the report)  Yes  No

B5 **Description of the cause of the accident** (describe the cause, and if necessary, add an accident scene sketch / explanation on a separate sheet)

**Submit all bills to your healthcare insurer and get treated at the expense of your basic medical care insurer first. Please specify any medical costs below in order to guarantee quick handling.**

Description	Name of the specialist/ pharmacist*	Date	Amount foreign currency	Amount in Euro	Basic medical care insurer compensation
				€	
				€	
				€	
				€	
				€	
				€	

\* please scan and send the bills of all costs incurred

**C. Information about the provision of care and/or exceptional costs\***

C1 **What do the costs consist of?**

C2 **Why did you have to make these costs?**

\* The necessity must be demonstrated by means of a doctor's statement.

**D. Information about the loss/damage of luggage**

Object	Bought from*	Date	Price	Damage/ repair sum (estimate)*
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€

\* Please enclose the invoice/ticket and/or other evidence.

**Do the above items belong to the insured?**  Yes  No

**Can the damaged items be repaired?**  Yes  No

If not, why is this not possible?

D2 **Where are the damaged items?**

D3 **Where and when can the damage be assessed?**

D4 **Is the luggage insured elsewhere?**  Yes  No

If so, with which company and under which policy number?

Did you also report the damage to this company or do you intend to do so?  Yes  No

D5 **Further explanation**

**E. Information about travel inconvenience**

E1 When and where did the loss occur? Where did the delay take place, or where did you miss your connection?

E2 Did it involve (a) scheduled flight(s)?  Yes  No

Name of the airline company:

**In case of a loss/delay of luggage the following question must also be answered:**

E3 **Description of the circumstances which caused the loss/delay.**

E4 **On what date and at what time did you receive the delayed luggage?\***

Date (dd-mm-yyyy)

Time (h:m):

\* Also enclose the delivery note stating date and time

**F. Cancellation:**

F1 **On which date did you book the trip?**

F2 **How much was the total travel sum?\***

\* Please enclose the reservation document

F3 **On what date did you cancel the trip?\***

F4 **How many people were affected by the cancellation or interruption?\***

F5 **What is the amount of your loss?\*** €

\* Please enclose the cancellation note

F6 **What is the reason of cancellation?**

**Please enter below when the disease/symptoms gave cause to the cancellation**

F7 **When did the disease/symptoms reveal itself/themselves?**

F8 **Was the patient admitted to a hospital before the trip?**

Yes  No

F9 **Where did the hospitalization take place and during which period?\***

\* Please enclose a declaration from the doctor

F10 **Has/have this disease/these symptoms caused problems before?**

Yes  No

If so, when and who was the treating physician at the time?

**G. Liability/Legal Assistance:**

G1 **Date when the event or dispute took place**

G2 **Describe the event or the dispute you needed/need legal assistance for**

G3 **Which parties are involved, besides the insured?**

Name:

Street and house number:

Postcode and city:

G4 **Is there any written evidence?**

Yes  No

If so, please enclose it

G5 **What are the costs?** €

G6 **If a physical injury was incurred by the insured, please complete the information below**

What was the injury incurred?

Where is the insured cared for at this moment?

Was help called in immediately?  Yes  No

G7 **If damage is caused to certain items, please complete the overview below:**

Object	Bought from*	Date	Current value	Damage/ repair sum (estimate)*
			€	€
			€	€
			€	€

\* Please enclose the invoices

G8 **Did the police or other (government) authority take an official statement?\***  Yes  No

If so, which police force/department and/or authority?

What is the official statement/report number?

\* Please enclose the official statement/report

G9 **Who is liable in your opinion?**

Why?

G10 **Did you hold the third party liable?\***  Yes  No

G11 **Did the third party hold you liable?\***  Yes  No

\*If so, please enclose the letter

## EXPLICIT CONSENT

We carefully assess your claim, and also take steps, in common with standard industry practice, to monitor for fraudulent claims. For these reasons, we may need to use information about your health which is relevant to your claim, and, where relevant, the health of other persons relevant to the claim which you provide to us. You must ensure that any other persons whose information you provide to us understand and do not object to this use of their data, and (where required under applicable law) consent to us using their information for the purposes described here.

We will not use this health information for any other purpose, and will comply at all times with the terms (including security standards) referred in our Privacy Policy. You do not have to provide us with the following consent, and you may withdraw it at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim. Please tick the following box to indicate your consent to our use of your health information in this way.

Yes

## The undersigned declares:

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- to the best of his knowledge, to have answered the aforementioned questions and made the statements correctly and truthfully, and not to have concealed any particularities with regard to this claim;
- to provide this claim form and any additional information to the insurer in view of determining the exact loss and the right to compensation;
- to acknowledge the content of this form.

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Date:

City:

Signature

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

We use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here [<https://www2.chubb.com/benelux-en/footer/privacy-policy.aspx>] or by searching 'Master Privacy Policy' on [www2.chubb.com/benelux-en](http://www2.chubb.com/benelux-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). Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. 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 and is supervised by the Autorité de contrôle prudentiel et de résolution (ACPR) 4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09. Chubb European Group SE, Belgium Branch, Chaussée de la Hulpe 166, 1170 Brussels, company number BE0867.068.548. In Belgium it falls under the conduct of business rules of the Financial Services and Markets Authority (FSMA). Code NBB/BNB 2312. Citibank (Euro-account) 570-1218055-84, IBAN: BE03570121805584, BIC: CITIBEBX.