### CHUBB°

# Claim form Delay/missed departure

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

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

T:

#### **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.

#### 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 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				
		Postcode		
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:	
Please give reason for delay/missed departure	
Please state the <b>scheduled</b> times of travel: Outward date:	Return date:
- Place of departure:	Place of destination:
Departure time:	Arrival time:
Please provide a copy of your original itinerary/travel documents.	
Please state the <b>actual</b> times of travel:	
Departure date:	Departure time:
Date of arrival:	Arrival time:
Total delay time:	
Please provide documentary evidence from your carrier/tour opera missed scheduled departure	tor to confirm actual departure, arrival time and reason for delay or that you

#### Please provide any additional information you feel would be of use to us



#### Payee's bank details

Name of your bank/building society:	Bank sort code
Address:	
	IBAN:
	BIC:
	Account number:
	Name of account holder(s):
Postcode:	

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

#### 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 return the completed claim form together with any enclosures to your insurance broker or to Chubb and please ensure:

You have completed 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

If you do not complete all sections and provide all requested documentation your claim will be delayed.

## Chubb. Insured.<sup>™</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.