

Contact us for more information:

T 0860 223 252 F 011 783 0812 myclaim@chubb.com

Claim form

Critical Illness

Please write in black ink and use block capital letters.

- $\bullet \ \ Please\ return\ the\ completed\ claim\ form\ together\ with\ any\ enclosures\ to\ your\ insurance\ broker\ or\ to\ Chubb\ at\ the\ address\ shown$
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa

Please ensure:							
☐ That the doctors statement is completed and is accompanied by the claim form upon submission							
Insured details – to be completed by the policy holder							
Policy Number:	Full Name of Insured:						
Physical Address:	Full Name of Insured Person:						
3							
	Business Telephone Number and Contact Person:						
Insurance Broker:	Email:						
Contact Person:	Email:						
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Claimant/employees details (please note this must be compl	eted by the employer)			
a) Full name of employee:	b) Date of Birth of the employee:			
c) Identity number of the employee:	d) Employees occupation:			
e) Date of employment:	f) What are the employees annual earnings?			
g) Has the employee been booked off work Yes No for the illness being claimed for?	o If Yes, from what date?			
Claimant/employee (please note this section must be completed)	red by the employee/claimant)			
What is the nature of your illness or disease?	When did you become aware of your illness of disease	?		
On what date was the diagnosis provided by the Doctor?	Is this a recurring illness or disease?			
What is the Name and Address of the Doctor you first consulted f	For your illness/disease?			
Authorisation				
Please note that this claim form will not be accepted if this declar	ration has not been signed by the employee/claimant.			
I this claim form is in every respect complete, correct and true and for Chubb Insurance Limited to inspect or investigate any record misrepresentation and or non-disclosure in respect of the inform	s or details relevant to this claim. I/We further declare th	thority		
I authorise any medical practitioner, hospital or other person to require relating to the medical to which the claim relates. I agree photo-copy or fax for this declaration shall be accepted as origina additional information from any medical practitioner, hospital or and submission of this form and any other documentation as submission.	that this consent shall remain in force at all times, and th al. I agree and accept that Chubb Insurance Limited may r r any other person not specifically requested herein, on co	at a request		
Signed by the employee/claimant on this	day of 2	20		
Signed by the Insured Company/Employer on this	day of 2	20		

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In the Capacity as the Insured Company's

Doctor's statement

responsibility of the insured person.						
Title Patients Full Name and Surname	e:					
Date of Birth:	Height:			Weight:		
Full details of illness/ disease:			Final diagnosis:			
On what date did the first symptoms appear?	2) On what date aware of the		ne patient become /disease?	3) When did the patient medical attention for		sease:
4) Has the patient ever suffered with this or	any similar cond	lition b	efore the present epis	sode?	Yes	No
5) If Yes, please give details including dates	of treatments an	d cons	ultations:			
6) Kindly provide any other information tha	at you may feel is	releva	nt to assist us in asses	sing the claim:		
7) Are you the patient's usual Doctor?	Yes	No	8) Is the patient still	incapacitated?	Yes	No
9) If Yes, when will the patient be able to ret	turn to work?		10) If No, when did i	incapacity cease?		
Signature						
Full Name of Doctor:			Practice Number:			
Dr Signature:			Date:			
Full Address:			Contact Number:			

 $This section \ must be fully \ completed \ by \ the \ patient's \ usual \ medical \ attendant-any fee \ for \ completion \ of \ this \ section \ is \ the$

Chubb. Insured.[™]

ACE has acquired Chubb, creating a global insurance leader operating under the renowned Chubb name. Chubb Insurance South Africa Limited (Reg. No. 1973/008933/06) is an authorised Financial Services Provider (FSP No. 27176), Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196.

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