

# Claim form

## Non Medical Travel

**Please write in black ink and use block capital letters.**

- 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:**

- ☐ You fully complete every question contained in this claim form.
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- ☐ You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number written in the top right hand corner.

**Please attach to this claim form, or forward as soon as they are available, copies of the following documents:**

- Copy of your air ticket(s)
- Identity document of the Policy Holder or claimant
- For air carrier loss/theft/damage – a property irregularity report from the air carrier
- For air carrier loss/theft/damage – the settlement advice from the air carrier
- For airline delays – a letter from the airline confirming reason, date and duration of the delay
- For other loss/ theft – a police report from the country where the loss/theft occurred

- ☐ You or your legal representative has signed the claim form.

**1. Personal details – to be completed by the policy holder**

Name of Policy:

Certificate/Policy Number:

Full Name of Policy Holder:

Name of Claimant:

Name of Employer:

Name of Airline:

How did you pay for your air ticket:

Bank:

Card Number:

Travel Dates

Departure:

Country of Departure:

Return:

Country of Destination:

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Date of Birth:

Physical Address:

ID No:

Tel. No (Business):

Tel. No (Home):

Fax No:

Mobile No:

Email:

**2.Details of loss – please tick the relevant section being claimed for. This section to be completed by the policy holderbaggage.**

- |   |  |
|---|--|
| <input type="checkbox"/> Baggage Loss                     | <input type="checkbox"/> Personal Liability          |
| <input type="checkbox"/> Baggage Delay                    | <input type="checkbox"/> Loss of personal Belongings |
| <input type="checkbox"/> Travel Delay                     | <input type="checkbox"/> Damage to personal Property |
| <input type="checkbox"/> Travel Cancellation/ Curtailment | <input type="checkbox"/> Other                       |

Date on which loss occurred or  
was discovered:

Country in which loss occurred or  
was discovered?

If Baggage or Travel delay, how long was  
the delay?

Country in which the delay  
was experienced?

Was the loss reported to the airline or  
airport official?

Date that the loss was reported to  
the airline:

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Was a reference number provided?

Yes

No

Please provide the reference number:

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Was compensation received from the airline?

Yes

No

If Yes, please state amount?

If not reported please provide reason:

For loss of tangible property, are you the sole owner of the goods?      Yes      No      If No, please provide details of the owner:

Are you claiming from your Short term All Risk Insurer?      Yes      No      If Yes, name insurer:

Policy Number:

### 3. Details of items being claimed for

Description of Missing Articles	Purchased or Acquired From?	Replacement price	Deduction For AGE, Usage, Wear & Tear	Sum Claimed for Present Value
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Please provide receipts for the replacement of items exceeding the value of R500.00.

### 4. Authorisation

Please note that this claim form will only be accepted if this declaration has been signed by the policyholder, claimant or authorised person.

I hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for Chubb Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that any misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.

Signed by the claimant or his/her legal representative on this      day of      20

Signature

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