

Claim form Delay/missed departure

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

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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/. 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 de	etails			
Full name		Date of birth (dd/mm/yy)	Relationship to main policy holder	I intend to claim on behalf of:(✔) where applicable
				_
				_

Travel details Holiday: Type of travel: **Business:** Please give reason for delay/missed departure Please state the **scheduled** 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 actual times of travel: Departure date: Departure time: Date of arrival: Arrival time: Total delay time: Please provide documentary evidence from your carrier/tour operator to confirm actual departure, arrival time and reason for delay or that you missed scheduled departure Please provide any additional information you feel would be of use to us

Payee's bank details

payment by cheque. If you would like us to do	oney direct to your bank account. This method is quicker, safer and more reliable than this, please complete the following:-
Name of your bank/building society:	Bank sort code
Address:	
	IBAN:
	BIC:
	Account number:
	Name of account holder(s):
Postcode:	
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, claim, to release information regarding my record	law enforcement agency or statutory/regulatory authority mentioned with respect to this ds.
Signed	
Name	Date
Checklist	
Please return the completed claim form together	r 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 do	ocuments (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.

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