

Claim form

Personal effects and money

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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 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:** Date of trip _____

Please give date of loss/damage/theft: _____

In which country did the loss/damage/theft occur: _____

Please give full details of the loss/damage/theft: _____

To whom was the loss/damage/theft reported? *(please see notes below and provide a copy of this report):* _____

On which date was the loss/damage/theft reported? _____

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)? _____

Please provide any written evidence: _____

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates/ invoices

Is any property lost/damaged/stolen insured by any other company? Yes: No:

⁰: If Yes, please supply name, address, telephone number and policy number _____

Please supply name, address, telephone number and policy number of household contents insurers _____

Have you had any previous claims on this type of insurance? Yes: No:

If YES, please give details with relevant dates _____

Payee's bank details

If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following:-

Name of your Bank/Building Society:

Address:

Postcode

Bank Sort Code

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IBA N

BIC

Account Number

Name of Account Holder (s)

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 ensure:

- You have completed **all** questions on this claim form included any marked 'N/A'
- You have enclosed all requested information/documentation
- You have signed the declaration section

Failure to do so will result in a delay in handling your claim

Chubb. Insured.SM

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