



ACCESS TO MEDICAL REPORTS ACT 1988

As part of your claim a medical report may be required from your doctor. However, before we can apply for a medical report your consent is needed. Before signing the consent to obtain a medical report at the foot of this form, you should know that you have the following rights.

1. You can withhold your consent, but if you should do so we may be unable to process your claim.
2. If you wish to see the report we will tell you at the same time that we write to the doctor and you will then have 21 days to contact the doctor about arrangements for you to see the report. Whether or not you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six (6) months after it is supplied to us, if you ask for it.
3. You can ask your doctor to amend any part of the report, which you consider wrong or misleading. If the doctor will not agree to this, you may add your own comments.
4. Your doctor can, in certain circumstances, withhold from you the report or any part of it.

Consent to Obtain Medical Report

I have read the statutory rights above, under the Access to Medical Reports Act 1988 and I agree to Chubb Insurance company of Europe S.A. seeking medical information from any doctor whop at any time has attended me concerning anything which affects my physical or mental health in connection with this claim.

I WISH*/DO NOT WISH* to see the report before it is sent to Chubb Insurance Company of Europe S.A.
(*delete as applicable).

Signed:

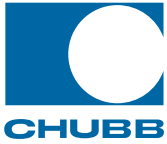
Date:

DECLARATION

I declare that to the best of my knowledge the particulars given in this claims form are true. I understand that some of the information I have provided might be made available to other insurers for underwriting and claims handling purposes. I consent to Chubb Insurance Of Europe S.A. seeking information from other insurers to check the answers I have provided. I authorise that this information may be given to other insurers.

Signed:

Date:



CHUBB INSURANCE COMPANY OF EUROPE S.A.

Cottons Centre, Hays Lane, London SE1 2QT, England.
Telephone: 020 7956 5000 Facsimile: 020 7956 3021
Dx 803

CLAIM FORM

Chubb – Personal Accident & Business Travel Insurance

You should complete the Personal Details Section in all cases and then complete sections A to C or Additional Information as relevant.

Insured Company:

Policy Number:

Personal Details

Insured person's full name (if different from above)	Occupation:	
State the nature of the insured or sick person(s) relationship with the Insured:	Date of Birth:	Date time tel.no.:
Home address:	Is this address: PERMANENT/TEMPORARY* (*Delete as applicable) If Temporary, are you on an overseas assignment? If Yes, please advise length of contract and normal country of residence.	

Trip Details

Tour Operator/Travel Agent:	Flight/Carrier no.:
When was your journey scheduled to start ?	When was your journey scheduled to finish ?
Destination:	Reason for trip: BUSINESS/HOLIDAY* (*Delete as applicable)
Are there any other insurances which might cover this claim ? YES/NO* (*Delete as applicable)	If yes, please provide full details of cover.
Has the insured person/insured made any claim of a similar nature before? If so, please give brief details.	

If your claim is for Cancellation, Curtailment and Rearrangement or Replacement Expenses please provide details in the Additional Information Section.



SECTION B

Overseas Medical Expenses and Emergency Repatriation

Give details of expenses incurred by you or your family in respect of any emergency transportation (including medical attendance) and/or transportation to any hospital/clinic and/or repatriation:

Date	Description of expense (attach all Bills)	Amount	Has the Bill been paid?
TOTAL			

Give details of any other travel or accommodation expenses incurred by any relative or friend of the insured or injured person who on medical advice was required to travel or remain with the injured or sick person(s):

Date	Description of expense (attach all Bills)	Amount	Has the Bill been paid?
TOTAL			

You should send the following documents to us in order to help us handle your claim expediently. You should send us the original documents, but keep copies for yourself:

- **Original booking invoice/original travel tickets/boarding pass(es).**
- **If treated as an outpatient in any hospital/clinic, any doctor's or other medical bills.**
- **Any medical certificate and/or death certificate.**

SECTION C

Please complete if you are claiming for Personal Property and/or Money

State the name and address of any police or other authority informed of the loss or damage:	
Date of loss:	Date Reported:
Crime reference no.:	Police or other Officer:

Please complete if you are claiming for Personal Property

State how loss/damage occurred:
Please provide a brief description of any loss/damage item(s) including make, age and original cost:

