

# Claim form

## Personal effects and money for offsite activities

**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.

<b>Name of group policyholder (Council)</b>	<b>Policy number</b>
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**Name of school**

**Main policyholder details**

<b>Title</b>	<b>First name</b>	<b>Last name</b>
_____	_____	_____
<b>Email address</b>	<b>Date of birth (DD/MM/YY)</b>	
_____	_____	
<b>Full address</b>		
_____		
		<b>Postcode</b>
_____		_____
<b>Contact no. (day)</b>	<b>Contact no. (eve)</b>	
_____	_____	

For security purposes please provide a password which will be required to access your claim information  
 This is for additional security and you may be asked for it when calling Chubb.

**Insured persons details**

<b>Full name</b>	<b>Date of birth (DD/MM/YY)</b>	<b>Relationship to main policy holder</b>	<b>I intend to claim on behalf of: (✓)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Travel details**

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Type or travel: Offsite Activity/School Trip \_\_\_\_\_ 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

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Notes:**

1. All losses should be reported to the local police and a report obtained. This should be forwarded to Chubb
2. All losses or damaged property which occurred whilst in the custody of an airline should be reported and a Property Irregularity Report Form obtained. This should be forwarded to Chubb together with the ticket stubs.



## Payee's bank details

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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: \_\_\_\_\_

Bank Sort Code

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Address: \_\_\_\_\_

Account Number \_\_\_\_\_

Name of Account Holder (s) \_\_\_\_\_

Postcode \_\_\_\_\_

## Data protection

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The information that you and your medical representative have provided in the claim form and Doctor's Statement is 'sensitive data' as defined by the Data Protection Act 1998. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future.

In order to administer your claim, this information will be used by Chubb European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

## Declaration

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I declare that all the information given is to the best of my knowledge and belief, full true and correct.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

## Checklist

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Please return the completed claim form together with any enclosures to Chubb and please ensure...

- You have completed all relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

As failure to do so will result in delay in handling your claim.

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

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