

Claim form

Loss Damage Waiver & Excess Reimbursement

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/certificate number:

Claim reference number:

Documentation required

Failure to provide can result in our being unable to process your claim. Please confirm you have attached the following document

Fully completed claim form	Complete each relevant section.
Confirmation of insurance	Insurance certificate
Confirmation of trip dates	Tour operators confirmation booking invoice. Also forward any travel tickets you may have or any other documents as evidence of this trip.
Rental agreement	Contact signed by the lead name driver and car rental company for hire of the rental vehicle.
Charge receipt	Receipt for car hire if separate from the rental agreement.
Police report	If the incident by law required the Police to attend
Incident report form	The accident report from the car rental company or agency.
Receipts / invoices	Invoices/Receipts/other documents confirming the amount you have paid in respect of damage for which the car rental company or agency holds you responsible
Credit card statement	Your credit card statement showing payment of the damages claimed
Driving licence	Driving licence
Any additional information/documentation	Any additional information or documents which you wish to enclose to substantiate your claim

We understand that it can at times be a daunting prospect making a claim. Please help us to help you by following these guidelines:

- Make sure that the claim form is fully completed, and that the information given is as clear as possible
- Always provide the information requested above. If for some reason, the documentation is not available, please attach a letter advising why it has not been enclosed.

Full details of insured

Title	First name	Last name
<hr/>	<hr/>	<hr/>
Email address	Date of Birth (DD/MM/YY)	
<hr/>	<hr/>	
Full address		
<hr/>		
<hr/>		
Post code		
<hr/>		
Contact no. (day)	Contact no. (eve)	
<hr/>	<hr/>	

Car rental details

Vehicle registration number: _____ Make and model: _____
Period of rental: From: _____ To: _____ Location of rental: _____
Rental company name: _____ Telephone number (if known): _____

The driver at the time of incident

Title _____ First name _____ Last name _____
Full address _____

Postcode _____
Date of birth (DD/MM/YY) _____
Email address _____ Contact no. (eve) _____
Is a current full driving licence held? Yes No
Licence number of the driver: _____ Telephone Number: _____

The incident

Was the hire vehicle being used in accordance with the rental agreement? Yes No
Incident date: _____ Incident time (*Please be precise*): _____
Where did it happen? (Town/Country): _____
How did the incident occur? Please pay particular attention to mentioning the following: weather/road conditions, road layout, speed just prior to the incident, traffic signal indication, position of vehicles following the incident:

Has a third party claim been made against you? Yes No
If Yes, please forward all particulars including letters received from claimants or their legal advisors.

Damage to the rental vehicle

Please supply full details of any damage to rental vehicle

Note: If a third party was not involved or a claim has not been made against you, please now move to Section 9 of this claim form.

Third party driver details

Title	First name	Last name
<hr/>	<hr/>	<hr/>
Full address		
<hr/>		
		Postcode
<hr/>		<hr/>
Vehicle registration number	<hr/>	Make and model: <hr/>
Name of third party insurer :	<hr/>	Policy number: <hr/>
Have you had any previous claims on this type of insurance?		Yes No
Insurer's address:		
<hr/>		
		Postcode:
<hr/>		<hr/>
Who in your opinion was responsible for the accident? <hr/>		
Have you admitted liability?		Yes No

Details of injury sustained by a third party driver details

Title	First name	Last name
<hr/>	<hr/>	<hr/>
Full address		
<hr/>		
Date of birth	<hr/>	Postcode <hr/>
Nature of Injuries	<hr/>	
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Details of damage to a third party property

Title	First name	Last name
<hr/>	<hr/>	<hr/>
Full address		
<hr/>		
		Postcode
<hr/>		<hr/>
Nature of Damage: <hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Theft or damage to baggage and/or personal effects

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<hr/>

Details of any police involvement (Please supply copy of police report if applicable)

Were the police/highway patrol involved?

Yes No

If Yes, please supply name of officer:

Reference number:

Police department/location

Contact details including telephone number:

Witnesses or others present at time of incident

Title

First name

Last name

Full address

Postcode

Title

First name

Last name

Full address

Postcode

Additional Information

Are there any other insurances in force that may cover this incident? Please provide full details including policy number

Rental excess settlement details

Total amount the rental company holds you liable for in respect of loss, theft of or damage to their vehicle

Have the rental company agreed to cover this directly via any other insurance office?

Yes No

If NO, have you paid any amount to the rental company?

Yes

No

Amount paid if applicable

If paid, was this in full settlement of the amount the rental company hold you responsible for?

Yes No

If NO, please provide the amount for which you are liable

Payment method:

Date of payment:

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:

Bank Sort Code

Address:

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, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records.

Signed

Name

Date

Checklist

Please return the completed claim form together with any enclosures to your insurance broker or to Chubb and please ensure:

You have completed **all** questions on this claim form

You have enclosed all requested original documents (we recommend you retain copies)

You have signed the claim form

If you do not complete all sections and provide all requested documentation your claim will be delayed.

Please return the completed claim form together with any enclosures to:

Chubb European Group SE,
Travel Insurance Claims,
Sedgwick,
Merrion Hall, Strand Road,
Sandymount
Dublin 4,
Republic of Ireland.
Tel: 01 6369 100

Chubb. Insured.SM

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