

Claim form

Delay/Missed Departure

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 Policy holder details

Title

First name

Last name

Email address

Date of Birth (DD/MM/YY)

Full address

Post code

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

Please give reason for delay/missed departure

[illegible]

Departure time: _____ Arrival time: _____

Please state the **actual** times of travel:

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

[illegible]

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:

IBAN:

BIC:

Account number:

Name of account holders(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 relevant questions on this claim form

You have enclosed all requested original documents (we recommend you to 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.

Chubb. Insured.SM

Chubb European Group SE trading as Chubb, Chubb Bermuda International and Combined Insurance, is authorised by the Autorité de contrôle prudentiel et de résolution (ACPR) in France and is regulated by the Central Bank of Ireland for conduct of business rules.

Registered in Ireland No. 904967 at 5 George's Dock, Dublin 1.

Chubb European Group SE is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Chubb European Group SE has fully paid share capital of €896,176,662.