

Citi Card Fraud Protect Claim Form



Notice to the Insured Cardholder

Please answer all questions completely and accurately. Indicate N.A. where question is not applicable. Failure to do so may result in a delay in the assessment of your claim.

If your claim is approved, settlement of Section 1 of the Policy will be made through Citibank who will re-credit your account less the 10% deductible.

For all other approved claims for other Sections of the Policy, the settlement will be made directly with you less the 10% deductible.

To enable us to process your claim promptly, please choose which Section of the Policy you are claiming for and put a ✓ mark on the specific documents you have attached to this form.

Benefit 1	<p>Reimbursement of losses suffered as a direct result of unauthorized use of your card 24 hours prior to reporting to the card issuer</p> <p>Required documents:</p> <ol style="list-style-type: none"> 1. Police Report 2. Credit card statement which identifies the fraudulent transactions 3. Any correspondence you may have received from your card issuer in relation to these fraudulent transactions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Benefit 2	<p>Reimbursement for losses suffered as a direct result of unauthorized use of your card due to identify theft</p> <p>Required documents:</p> <ol style="list-style-type: none"> 1. Police Report 2. Credit card statement which identifies the fraudulent transactions 3. Any correspondence you may have received from your card issuer in relation to these fraudulent transactions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Benefit 3	Reimbursement of expenses incurred as a result of Identity Theft Required documents: 1. Original receipt obtained in relation to expenses incurred as a result of Identify Theft (Please note that we will not be able to pay for expenses where an original receipt cannot be provided. Please retain a copy of the receipt for your own record.) 2. Any correspondence you may have received in relation to the identify theft which refers to meetings and such like 3. Proof of income	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Benefit 4	Reimbursement of income lost as a result of Identity Theft Required documents: 1. Any correspondence you may have received in relation to the Identify Theft which refers to meetings and the like 2. Proof of income 3. Proof that leave was taken 4. Proof that income was lost as a result of activities in relation to this claim	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

You will be notified in case additional claim documents are required.

Important Note: The Company makes no admission of liability or waiver of rights by furnishing this form.

Insured Cardholder's Details

Full Name of Insured Claimant:	
Name Appearing on Your Credit Card:	
Credit Card Number:	
Issuing Bank:	
Issuing Bank's Address:	
Chubb Policy/ Certificate Number:	
Address:	
Home Phone Number:	
Work Phone Number:	
Mobile Number:	
Email Address	

Supplementary Card Details (if making a claim under a supplementary card)

Supplementary Card Number:	
Name of Supplementary Cardholder:	

Claims Details

For Benefit 1 – Lost Card Protection

*Claims for this Section of the Policy are where you have had your card stolen or lost.

Date and time you discovered your card was lost _____

Please provide the circumstances surrounding the loss of your card (please provide as much detail as possible including where you were and what you were doing at the time of loss).

How long do you estimate it took you to report the loss to your card issuer?

In total how much was taken from your card as a result of unauthorized transactions following loss of your card?

Php _____

For Benefit 2 – Identity Theft Protection

*Claim for this Section of the Policy where you have not lost or had your card stolen but a third party has committed a fraud crime against your card account using your identity.

Date and time you discovered the fraudulent transactions.

How did you discover that there were fraudulent transactions on your account?

What is your best explanation of how the transactions were debited from your card account?

What item of your identity was used in order for the fraud to occur?

How was this item of identify obtained by the person/s that committed the crime?

Have any other financial accounts been affected by this incident of fraud – if so, please provide details?

For Benefits 3 and 4 – Expenses and Loss of Income to Resolve Identify Theft

*To claim under this Section, you must be making a valid claim under Section 2 of the Policy.

Please identify the activities in relation to rectifying your identify which have resulted in the expenses you are seeking to claim (please provide time, dates, persons or organizations you met with as well as the objective of that meeting).

Please detail the amount of expenses you are claiming and a calculation as to how you have arrived at those expenses:

If you are claiming for 'Loss of Income', please provide details with regards to the dates, time, who you were meeting and duration of any meeting/activities that resulted in a loss of income.

Insured Cardholder's Certification

I am completing this form for the purpose of establishing the fraudulent use of my credit card(s):

- I did not allow, give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card.
- I have no knowledge that a member of my household or family was responsible for the fraudulent transactions.
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- I did not receive proceeds or benefits from any of those transactions.
- I declare that the information provided on this form is complete and correct to the best of my knowledge.

Printed Name and Signature of Insured Cardholder

Date

Fraud Warning

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

Contact Us

Insurance Company of North America
A Chubb Company
24th Floor, Zuellig Building
Makati Avenue corner Paseo de Roxas
Makati City, Philippines 1226
O +632 849-6000
F +632 325-1670
www.chubb.com/ph