

Claim form – Personal accident and Critical Illness

Please complete this form as thoroughly as possible and deliver directly to the address of Chubb European Group SE Branch in Poland, ul. Królewska 18, 00-103 Warszawa, with the annotation "Chubb-Claims Departament" or by e-mail to address: szkody@chubb.com

Policy details

1. Policy no: _____
2. Insurance period from: _____ to: _____

To be filled by the Employer:

3. Employment (name of the workplace and address):

4. Employment period from: _____ to: _____
5. Position: _____
6. Certification of the workplace (stamp of the workplace and signature of an authorized person):

7. Date of completion: _____

Insured's personal data

8. Name and surname: _____

Chubb European Group SE European Company Branch in Poland, whose registered office is in Warsaw, address: ul. Królewska 18 00-103 Warsaw, registered in the Register of Entrepreneurs kept by the District Court for the City of Warsaw in Warsaw, XII Commercial Division of the National Court Register under the company number KRS 0000233686, Taxpayer Identification Number (NIP) 1080001001, statistical number (REGON) 140121695, notified to the Polish Financial Supervision Authority. Chubb European Group SE is an insurance undertaking governed by the provisions of the French insurance code, registered in Commerce and Companies Registry (Registres du Commerce et des Sociétés – RCS) in Nanterre with registration number 450 327 374 and with the registered office in France, address: 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.

Statement

1. *I declare that all information provided by me in this application is complete, true and given to the best of my knowledge. I am aware that I am liable under the law for making false statements made to obtain an undue financial benefit.*
2. *I hereby give permission for Chubb European Group SE Spółka Europejska Oddział w Polsce (Societas Europea Branch in Poland) to ask entities conducting medical activity for information regarding the circumstances associated with underwriting, verification of the data that I have provided concerning my health, and determination of my right to a benefit under the insurance contract and the amount of that benefit, i.e. information indicated in Article 38 secs. 1-7 of the Act of 11 September 2015 on Insurance and Reinsurance Activity.*
3. *I hereby give permission for providers of medical services to make available to Chubb European Group SE Spółka Europejska Oddział w Polsce (Societas Europea Branch in Poland) medical documentation about my health and medical services that I have received, in accordance with Article 26 sec. 3(7) of the Act of 6 November 2008 on patient's rights and the Patient's Rights Ombudsman.*
4. *I hereby give permission for Chubb European Group SE Spółka Europejska Oddział w Polsce (Societas Europea Branch in Poland) to request from the National Health Fund and obtain from the National Health Fund, in accordance with Article 38 sec. 8 of the Act of 11 September 2015 on Insurance and Reinsurance Activity), information on the names and addresses of providers of medical services that provided me with medical health services in relation to an accident or a fortuitous event that is the basis for determining the liability of Chubb European Group SE Spółka Europejska Oddział w Polsce (Societas Europea Branch in Poland) and determining the amount of the compensation or other benefits.*
5. *I hereby agree to communicate regarding a claim via e-mail, using the e-mail address provided by me.*

Yes

No

6. *We use personal information which you provide to us for the issue of the policy, policy administration, claims management, and other insurance purposes, as further described in our Master Privacy Policy, available here: [<https://www.chubb.com/uk-en/footer/privacy-policy.html>]*

City: _____

Date: _____

Insured's signature