

Claim form

Death

Please write in black ink and use block capital letters.

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa

Please ensure:

- You fully complete every question contained in this claim form.
- You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number clearly marked on the documentation you are sending.

Please attach to this claim form, or forward as soon as they are available, copies of the following documents:

- Identity document of the deceased
- Identity document of the policy holder
- Death certificate of the deceased
- Road traffic collision report (if death was due a motor vehicle accident)
- Post mortem report with blood alcohol test report
- Inquest report and/or court proceeding report
- Letter of appointment of the executor of the estate
- Police report

- You or your legal representative has signed the claim form.

Personal details – to be completed by the policy holder

Name of Employer: _____ Occupation: _____

Name of Policy: _____ Certificate/Policy Number: _____

Title: _____ Full Name of Insured Person: _____

Date of Birth: _____ Physical Address: _____

ID No: _____

Tel. No (Business):

Tel. No (Home):

Fax No:

Cell Phone No:

Email:

Deceased details

Full name of the deceased:

ID No:

(please attach a certified copy of the ID)

Name of the person submitting the claim:

What is your relationship to the deceased:

What is your relationship to the Main Policy Holder:

(Please attach necessary document as proof)

Name of the deceased's usual Doctor, Clinic or Hospital:

Tel. No:

Fax No:

Details of the accident

If a motor accident occurred, please attach a copy of the road traffic collision report

Date of accident:

Time of accident:

The accident occurred where:

Name of Police Station where the accident was reported:

Tel. No of the Police Station:

Please state the CAS No. as provided by the Police Station:

Please provide the name and contact details of the Investigating Officer Handling this case:

Please describe as fully as possible how the accident happened:

Authorisation

Please note that this claim form will only be accepted if this declaration has been signed by the policyholder, claimant or authorised person.

I/We _____ hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for Chubb Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that any misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.

I authorise any medical practitioner, hospital or other person to provide Chubb Insurance Limited with any information they require relating to my medical history of the deceased and the injury(ies) to which the claim relates. I agree that this consent shall remain in force at all times, and that a photo-copy or fax for this declared shall be accepted as original. I agree and accept that Chubb Insurance Limited may request additional information from any medical practitioner, hospital or any other person not specifically requested herein, on completion and submission of this form and any other documentation as submitted by me.

Signed by the claimant or his/her legal representative on this _____ day of _____ 20____

Signature _____

Data Privacy

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control. You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: <https://www.chubb.com/za-en/privacy-policy.html>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at: dataprotectionoffice.RSA@chubb.com.

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