

Claim form

Contact us for more information:

Domestic Travel Insurance

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Claims procedures

A completed claim form that has been signed by the Insured Person, copies of the airline booking confirmation, the Travel Insurance Policy Schedule and other items that may be necessary are required on all claims together with the following documents for the different types of losses.

Cancellation

1. Proof of travel (Airline confirmation invoice / flight booking confirmation)
2. Cancellation invoice or letter confirming no refund is due
3. Depending on the circumstances of the claim one of the following:
 - a. Medical certificate which we will supply for the appropriate doctor to complete;
 - b. An official letter confirming the need for You to remain in Your destination city; or
 - c. Police report

Personal Property & Baggage

1. Loss or theft – police report
2. Loss, theft or damage by an airline – Property Irregularity Report, baggage check tags
3. Proof of travel (Airline confirmation invoice or flight booking confirmation)
4. Proof of value and ownership for items exceeding the value of R1,000.00
5. Invoices for replacement items purchased

Travel Delay

1. Proof of travel (Airline confirmation invoice or flight booking confirmation)
2. An official letter from airline confirming the cause and length of the delay

Notes

1. For all claims, please complete SECTION 1 & SECTION 5.
2. All supporting documentation MUST be submitted together with this form in order to avoid unnecessary delays.
3. For all claims relating to LOSS or THEFT, please provide a carrier and/or police report.
4. Please supply a copy of your POLICY SCHEDULE.
5. Please supply a copy of your Booking confirmation.

Type of claim

Cancellation

Personal Property & Baggage

Travel Delay

Section 1 - Insured Person

Policy Receipt No.:

First Name:

Surname:

Email Address:

Age:

Postal Address:

Postal Code:

Cell. No.:

Tel. No. Business:

Tel. No. Residence:

Date of Incident:

Place of Incident:

Section 2 -Baggage

1. Describe how the Delay/Loss/Theft/Damage occurred:

2. Carrier/Police to whom Loss/Theft/Damage reported:

When & Where:

Case reference no.:

If not reported, give reason why not:

3. Are you the sole owner of the goods Lost/Stolen/Damaged? Yes No

4. In respect of Baggage that is Lost/Stolen/Damaged. Have you lodged a claim with the airline? Yes No

If YES, please state where and at which office:

Have you claimed or are you expecting compensation from the carrier? Yes No

If YES, please state the amount compensated: R

5. Name of Short Term All Risks Insurers:

Policy Number: Are you claiming from the above named? Yes No

Claim Summary

Full Description of Missing Articles	Name & Address of Party from whom Purchased or by whom Presented	Replacement Price	Deduction For Age, Use and/or Wear & Tear	Sum Claimed For Present Value	Purchase date
		R	R	R	
		R	R	R	
		R	R	R	
		R	R	R	
		R	R	R	

Remarks:

Section 3 - Cancellation

1. Nature of claim, please give full details:

2. Amount being claimed - Irrecoverable Deposits and Payments:

Additional Expenses (Full details and supporting Documents required):

3. The following relevant documents are required in order to substantiate a claim:
- 3.1 Medical Certificate stating that the Patient was not fit to travel, giving full details.
 - 3.2 Death Certificate.

Section 4 - Travel delay

1. Nature of delay:

2. Date and time of delay:

3. Duration of delay:

4. In the event of industrial action of the Airline Employees (letter from the Airline confirming industrial action is required):

Where did the industrial action take place?

Duration of industrial action:

5. Did you receive any form of Compensation or Alternative Travel Arrangements from the Carrier? Please give details:

Section 6 - Electronic Funds Transfer

Account Number: (No credit card)

Account Holder's Name:

Name of Bank:

Account Number:

Type of Account:

Branch Name:

Branch Code:

Attach confirmation of banking details (Copy of cancelled cheque or bank statement)

The completion and/or submission of this claim form does not constitute an admission of your claim by chubb insurance south africa limited (fsp no. 27176)

Declaration and authority

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written authority for the Company to inspect or investigate any Medical Records or details relevant to this claim. I/We further declare that I am/we are aware that any misinterpretation and/or non-disclosure in respect of information provided herein, shall render my/our claim null and void.

Signed:

Date:

Data Protection

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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