



Chubb Samaggi Insurance PCL.
2/4 Chubb Tower, 12th Fl.,
Northpark Project,
Vibhavadi-Rangsit Rd.,
Thung Song Hong, Laksi,
Bangkok 10210

บริษัท ชับบ์ซัมอัคคิประกันภัย จำกัด (มหาชน)
2/4 อาคารชัยบุรี ชั้นที่ 12 โครงการนอร์ทปาร์ค
ถนนวิภาวดีรังสิต แขวงทุ่งสองห้อง เขตหลักสี่ กรุงเทพฯ 10210
ทะเบียนเลขที่/Registration No. 0107537001510
เลขประจำตัวผู้เสียภาษีอากร 0107537001510

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Personal Accident, Health and Travel Claim Form

You can help to avoid unnecessary delay in processing your claim by (1) Complete this form, (2) Prepare the relevant documents, and (3) Registered mail them to Chubb Samaggi Insurance PCL., within 30 days from the date of the event. Part 1-3 are the list of minimum documentation required to process your claim. In certain circumstances, additional information may be required in order for further confirmation. We are unable to return original documents, but we will be happy to provide certified copies on request. **The standard processing time is seven (7) business days after review and approval of all documents.**

Policy Information

Name of Insured Person		Policy No(s).	
ID / Passport No.	Gender	Date of Birth	
Correspondence Address			
Occupation	Email		
Mobile No.	Telephone No.		
Are you claiming from any other insurance company or other sources? If yes, state:			
SCB PRIVATE or FIRST CARD No.	Travel Agency :		

Payment Details

- Cheque Payment.
- To Address _____
- Direct Transfer to Savings Account of The Siam Commercial Bank.
- Please attached a copy of saving account book bank first page of insured only.

Declaration, Authorization & Customer' a Data Privacy Consent

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Chubb . I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for Chubb and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the Chubb Group or any third party service provider, and whether within or outside of Thailand and the Policyholder when claiming under a Group Policy) for the purpose of enabling Chubb and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with Chubb.

Signature of Insured Person

Date

Signature of Claimant

Date

For Officer Only

Name Branch

Telephone no. Date

Track your Claim Status

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following: Tel no. 02-555-9100 or Email : ClaimmailA&H@chubb.com

We suggest you make a copy of your bill(s) and your completed claim form for your records.

Delays can occur or claims may be denied because of missing information.

Part 1 : Medical Expenses Hospital Income Protection / Broken Bone Cancer Insurance

Date and Time of Accident/Sickness ; Date / / Time	Date of treatment : / / Time	
Cause of Accident/Sickness (Please provide full details of symptoms/medical condition)		
Documents Required (Please tick against the documents you have submitted)		
Medical Expenses	Hospital Income Protection / Broken Bone	Cancer Insurance
<input type="checkbox"/> All original medical receipts.	<input type="checkbox"/> Medical Certificate.(Certified by related organization)	<input type="checkbox"/> Medical record. (Certified by related organization)
<input type="checkbox"/> Medical Certificate.(Certified by related organization)	<input type="checkbox"/> Admission/Discharge Report. (as the case may be)	<input type="checkbox"/> Pathology.(Certified by related organization)
<input type="checkbox"/> Identity Card or Passport.(Certified true copy)	<input type="checkbox"/> Identity Card or Passport.(Certified true copy)	<input type="checkbox"/> Identity Card or Passport.
<input type="checkbox"/> Insurance card.(Certified true copy)	<input type="checkbox"/> X-Ray film and interpretation by physician. (Broken Bone only)	<input type="checkbox"/> Identity Card or Passport. (Certified true copy)
<input type="checkbox"/> Proof of Work Letter. (as the case may be)		
<input type="checkbox"/> Proof of travel for Travel Insurance. (e.g.Boarding pass or Air tickets)		

Part 2 : Death Total Permanent Disability Dismemberment

Date and Time of Loss / Accident ; Date / / Time	Place of Loss / Accident
Cause of Loss / Accident (Please provide full details of symptoms/medical condition)	
Documents Required (Please tick against the documents you have submitted)	
Death	Total Permanent Disability and Dismemberment
<input type="checkbox"/> Insured Person's Identity Card and Census Registration.	<input type="checkbox"/> Medical record.(Certified by related organization)
<input type="checkbox"/> Beneficiary's Identity Card and Census Registration.	<input type="checkbox"/> Medical report which confirms Total Permanent Disability or Dismemberment.
<input type="checkbox"/> Death Certificate.(Certified by related organization)	<input type="checkbox"/> Photograph which confirms permanent disability (if any)
<input type="checkbox"/> Autopsy Report.(Certified by related organization)	<input type="checkbox"/> Insured Person's Identity Card and Census Registration.
<input type="checkbox"/> Police Report.(Certified by related organization)	<input type="checkbox"/> Beneficiary's Identity Card and Census Registration. (as the case may be)

Part 3 : Loss/Damage to Baggage&Personal Effect Baggage Delay Travel Delay Other Please Specify.....

Date and Time of Loss / Event ; Date / / Time	Place of Loss / Event	
Please provide full details of Loss / Event		
Original Flight Details		
Dapartering Date____/____/____ Time _____ Arriving Date____/____/____ Time_____ Flight No. _____ From_____ To_____		
Actual Flight Details		
Dapartering Date____/____/____ Time _____ Arriving Date____/____/____ Time_____ Flight No. _____ From_____ To_____		
Loss/Damage of Baggage or Personal Effects		
Description	Date&Place Purchased	Original Cost
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Documents Required (Please tick against the documents you have submitted)		
<input type="checkbox"/> Passport.(Certified true copy)		
<input type="checkbox"/> Travel Itinerary and Proof of travel (e.g.Boarding pass or Air tickets)		
<input type="checkbox"/> Document confirming(Irregularity Report) issued by Airport, Airline, Carrier or Hotel confirming the data, reason for (and duration of the delay).		
<input type="checkbox"/> Original receipt of Damage or Loss of Baggage / Personal Effects		
<input type="checkbox"/> Local Police Report, if loss or damage occurs threat or use of violence		
<input type="checkbox"/> Photo of Damage or Loss of Baggage / Personal Effects		
Third Party Liability Benefit ; Forward all correspondence & documents from third parties to us for our handling		