

Chubb European Group SE Travel Insurance Claims OSG, Merrion Hall, Strand Road, Sandymount, Dublin 4

T: 1800 719 420 or +353 (0)1 440 1757

Claim form Delay/missed departure

Data protection

Policy number

We use personal information which you supply to us [or, where applicable, to your insurance broker] for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: https://www2.chubb.com/ie-en/footer/privacy-policy.aspx or by searching 'Master Privacy Policy' on https://www2.chubb.com/ie-en/. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com.

Please write in black ink and use block capital letters.

All sections must be completed or marked 'not applicable'. Complete the checklist and ensure that you sign the declaration at the end of this form.

Title Fire	st name	Last name	
Email address		Date of birth (DD/MM/YY)	
Full address			
		Postcode	
Contact no. (day)		Contact no. (eve)	
his is for additional security of	rovide a password which will be required t and you may be asked for it when calling		
	and you may be asked for it when calling		I intend to claim on behalf of: (✓) where applicable
his is for additional security o	and you may be asked for it when calling S Date of birth	Chubb. Relationship to	on behalf of: (✓)

Travel details Holiday: Type of travel: Business: Please give reason for delay/missed departure Outward date: Please state the **sch eduled** times of travel: Return date: Place of departure: Place of destination: Departure time: Arrival time: Please provide a copy of your original itinerary/travel documents. Please state the actual times of travel: Departure date: Departure time: Date of arrival: Arrival time: Total delay time: $Please\ provide\ documentary\ evidence\ from\ your\ carrier/tour\ operator\ to\ con\ firm\ actual\ departure,\ arrival\ time\ and\ reason\ for\ delay\ or\ that\ you$ missed scheduled departure Please provide any additional information you feel would be of use to us

Payee's bank details If we approve your claim, we can credit the money direct to your bank account. This method is quicker, safer and more reliable than payment by cheque. If you would like us to do this, please complete the following: Name of your bank/building society: Bank sort code | Bank sort code

Checklist

Signed

Name

Please return the completed claim form together with any enclosures to your insurance broker or to Chubb and please ensure:

Date

You have completed all relevant questions on this claim form

You have en closed all requested original documents (we recommend you retain copies)

Y ou have signed this claim form

If you do not complete all sections and provide all requested documentation your claim will be delayed.

Chubb. Insured.[™]

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