

Chubb Worldwide Travel

Claim Form

Instructions

To assist us to consider your claim as soon as possible please complete all questions in full to the extent relevant and attach any relevant invoices and other documents to support your claim.

It is important that you provide honest, complete, up-to-date and relevant information when completing this form.

The issue and acceptance of this claim form does not constitute an admission of liability by Chubb Insurance New Zealand Limited (Chubb) or a waiver of its rights.

The Chubb Insurance New Zealand Limited Claim Privacy Consent, Authority and Declaration (see page 9) must be completed for all claims.

The supporting documentation required for your claims is detailed below each section.

If your claim is for:

- Overseas Medical and Dental Expenses also complete Section 1
- Additional Expenses also complete Section 2/3
- Loss of Deposits/Cancellation Charges also complete Section 2/3
- Luggage and Travel Documents also complete Section 4/5
- Replacement of Money also complete Section 4/5
- Rental Vehicle Excess also complete Section 6
- Travel Delay also complete Section 7
- Cash in Hospital also complete Section 8
- Personal Liability also complete Section 9
- Accidental Loss of Life or Permanent Loss also complete Section 10
- Credit Card Balance also complete Section 11
- Legal Expenses also complete Section 12

Once completed, please email this form and any supporting documentation to travelclaims.NZ@chubb.com.

Please note that your Policy may not provide cover under all sections of this Claim Form. Please consider the benefits, terms, conditions and exclusions of your Policy prior to completing this Claim Form.

Policy and Claimant Details					
Name of Insured				Policy Number	
Name of Claimant					
Claimant's Date of Birth					
Address	Unit/House number/Street				
	Suburb		State		Postcode
Telephone - Home		Business		Mobile	
Email Address					
Occupation					
Travel Agent				Date of Booking Travel Arrangements	
Date of Departure				Date of Return	
Country of Destination					

Where travelling on a policy that belongs to an Organisation or Company, please answer the following questions:

a) Is the purpose of your travel for Leisure, Business, Student?	
b) Was your travel authorised by the Company or Organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) What is your position or relationship with the Company or Organisation?	

Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by Chubb:

a) For Cheque Payment:	Payee Name (will appear exactly on the cheque)	
b) For Electronic Funds Transfer:	Bank Name	
Bank Address		Bank Account Holder's Name
Bank SWIFT code		Bank Account Number

Section 1: Overseas Medical and Dental Expenses

The following documents are required for us to process your claim:

- Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
- Any document that shows proof of illness, e.g., a doctor's certificate or statement
- Any document that shows proof of cost, e.g., a doctor's invoice or receipt

*Failure to provide these documents may result in processing delays.

Type of accidental injury or sickness or disease	
Date of accident or commencement of sickness	
If injury - please give full details of accident	
Date of first medical consultation	Name of doctor or hospital
List details of any other treatment by doctors or hospitals	

Dates in hospital	Date admitted		Time admitted			
	Date discharged		Time discharged			
List the overseas countries and the currencies where you incurred the medical costs	Country		Currency		Total Amount	
	Country		Currency		Total Amount	
	Country		Currency		Total Amount	

Have you ever suffered from the same or similar complaint in the past? Yes No

If Yes, please provide details, dates and names of treating doctors

Name, address and contact details of usual doctor	Doctor	
	Address	
	Phone Number	

How long has the doctor been known to the patient?

Itemise the expenses incurred overseas

Name and address of medical provider	Nature of injury/sickness/disease and treatment	Currency	Amount

Are these expenses recoverable from any other source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details and the amount

Was Chubb Assistance activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Reference Number
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Section 2/3: Additional Expenses, Loss of Deposits and Cancellation Charges

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has been booked, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

***Failure to provide these documents may result in processing delays.**

What was the reason you could not commence or complete your proposed journey?

Was the cancellation as a result of injury/sickness to yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Was the cancellation as a result of injury/sickness to some other relative or person as defined in the Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes - Name			
Address			
Relationship		Age	

What was the nature of complaint preventing travel?

Date of first medical treatment		Has the injured/sick person had a similar condition in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, name and address of patient's normal doctor?

Date of Bookings		Date of cancellation of travel bookings	
Amount of deposit paid and date paid		Date	
Balance of full fare and date paid		Date	
Value of forfeited portion of journey (if applicable)			
Additional costs incurred for all amended bookings			

Have you attempted to obtain a refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes - Name of organisation (e.g. airline, travel agents, etc)

Contact phone number

Email address

Refund received on cancellation

Full amount being claimed

Were any alternative arrangements offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details
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Did you accept any of these alternative travel arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, what additional fares did you incur as a result of these arrangements?

Section 4/5: Luggage, Travel Documents and Replacement of Money

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft
5. Carriers report for deprivation or lost luggage
6. Evidence of cash lost/stolen taken or obtained during the journey

*Failure to provide these documents may result in processing delays.

Please provide details of how losses, damages or thefts occurred:

Date of loss/damage/theft		Time	
Date of loss/damage/theft		Time	
Date of loss/damage/theft		Time	
Loss/damage/theft reported to - (police, transport provider or other authority)			

Were the articles lost/damaged by a carrier? (e.g. airline)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of carrier	
Have you lodged a claim or complaint to any carrier/ airline or other authority or against any individual responsible for the loss or damage to your property? If Yes, give name and reference number:	Name	Reference Number

If NO, you should proceed to claim with your airline/carrier before submitting your claim to Chubb

If the items were lost, what action was taken to recover them?	
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Are any of the items covered by other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes - which company	Policy Number
Were all the missing articles owned by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, have they lodged a claim with their insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If not claimed please provide an explanation:

Description of damaged/ lost/stolen items	Name and address from whom goods were purchased	Date of Purchase	Original purchase price	Depreciation deduction	Amount received from other source	Amount claimed

Section 6: Rental Vehicle Excess

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates that the car was hired, e.g., vehicle rental agreement
3. Any document that shows proof of cost, e.g., quote or invoice for repairs

*Failure to provide these documents may result in processing delays.

Place of collision/theft		Date of collision or theft	
Amount of excess	\$		

Please provide a full description of the circumstances of the incident giving rise to this claim

Who do you consider was at fault?			
Please supply third party details			
Name:			
Address:			
Telephone:		Email:	
Insurance provider's details:			

If a third party was involved, please provide a diagram of accident.

(Indicate street names and direction of vehicles: Your view: ↗ Other driver: →)

Section 9: Personal Liability

The following documents are required for us to process your claim:

1. Letters or Demands of a claim made against you

***Failure to provide these documents may result in processing delays.**

Is the claim for bodily injury or death? Yes No

If Yes, Name of injured or deceased party

Address of injured or deceased party

Details of injury or death

If No, List of damaged property

Name of person claiming against you

Address of person claiming against you

Is the injury or damage related to a travelling companion? Yes No

If Yes, please provide details

Have you in any way admitted liability? Yes No

If Yes, please provide details

Do you consider yourself at fault? Yes No

Why or why not?

Section 10: Accidental Loss of Life and Permanent Loss

The following documents are required for us to process your claim:

1. A full copy of the Death Certificate in the event of loss of life

2. A full copy of the Post Mortem & toxicology reports in the event of loss of life

3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life

4. Doctor's statement in the event of a permanent loss of limb(s) or sight

5. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass

***Failure to provide these documents may result in processing delays.**

What was the cause of the accidental injury or death?

When did the accidental injury occur?	Date	Time
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In the event of accidental loss of life, was a coronial inquest held or is one to be held? Yes No

If Yes, please give details

Name and address of attending doctor

How long had the doctor been known to the injured or deceased?

Section 11: Credit Card Balance (if applicable to the policy held)

The following documents are required for us to process your claim:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Credit card statement showing the outstanding balance of any relevant charge or credit card at the time of the accidental injury resulting in death

***Failure to provide these documents may result in processing delays.**

Outstanding balance at the time of accidental injury giving rise to the accidental loss of life?

Section 12: Legal Expenses (if applicable to the policy held)

The following documents are required for us to process your claim:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Evidence that you are a beneficiary of the estate
6. Any report relating to the accident prepared by the police or other authority

***Failure to provide these documents may result in processing delays.**

If it is your intention to claim under this section of the policy, who do you think is responsible for the accidental loss of life or accidental injury?

Why do you think that party is responsible?

Have you engaged legal counsel?

Yes No

If Yes, who have you engaged?

Chubb Insurance New Zealand Limited Claim Privacy Consent, Authority and Declaration

Claim Privacy Consent

I/ we:

- i. understand that Chubb Insurance New Zealand Limited CUI-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include Health information) so that Chubb can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
- ii. authorise Chubb to obtain from other parties personal information (which may include Health information) about me/us that Chubb views as relevant to the claim;
- iii. agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;
- iv. understand that I/we have rights of access to, and correction of, personal information held by Chubb; and
- v. understand that further information about how Chubb collects, uses, discloses and processes my/our information is set out in Chubb's Privacy Policy, available at www.chubb.com/nz-en/footer/privacy.html.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 377 1459 or email Privacy.NZ@chubb.com

Authority and Declaration

I/ we:

- understand that in evaluating my/our claim or by accepting documents in support of my/our claim, Chubb has made no acceptance of liability, nor waived any of its rights;
- confirm that any information that I/we supply will be true, correct and complete and that I/we will not withhold any information likely to affect the acceptance or handling of my/our claim and understand that if I/we provide untrue information or do not disclose relevant information that it might result in my/our claim being declined in part or in full;
- will give all reasonable assistance to Chubb and co-operate in the assessment of my/our claim; and
- appoint Chubb to do everything necessary to give effect to the consents and authorisations in this document and to execute, on my/our behalf, any documents or to do such acts required to give effect to this Privacy Consent and Authority.

Signature of claimant			
Name of claimant		Date	
Signature of witness			
Name of witness		Date	

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Claims Process

On receipt of your completed claim form We will take the following steps:

- Acknowledge receipt of Your claim within 5 business days of receipt
- Identify Your insurance policy, register Your claim against it, and assign a claim number
- Review whether any further information may be needed.

If We have all the information We need to assess Your claim then We will review your claim to decide whether or not to accept it. We will let you know if We need further information to assess Your claim.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, store, use, disclose, retain, give access to and correct Your personal information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, holds, stores, uses, discloses, retains, gives access to and corrects Your personal information in accordance with the requirements of the *Privacy Act 2020*, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our Privacy Policy.

Purpose of collection

We collect and hold Your personal information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with Your personal information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of Your personal information and disclosure

We may disclose Your personal information to third parties, including:

- contractors and service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus, call centres and marketing agencies);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers and other parties involved in the policy or claim (such as Toka Tū Ake EQC); and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, correct or update Your personal information, or withdraw Your consent to receiving offers of products or services from Us or organisations We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Office of the Privacy Commissioner's website at www.privacy.org.nz.

Complaints and Dispute Resolution

We take Your concerns very seriously and We have detailed complaint handling and dispute resolution procedures that You may access, at no cost to You. To assist Us with Your enquiries, please provide Us with Your claim or policy number (if applicable) and as much information You can about the reason for Your complaint.

Our complaints and dispute procedures are as follows:

Stage 1 - Complaint Handling Procedure

If You are dissatisfied with any aspect of a Chubb or Combined Insurance product or service and You wish to make a complaint, please contact Our Complaints and Customer Resolution Service (CCR Service) by post, phone or email (as below):

Complaints and Customer Resolution Service
Chubb Insurance New Zealand Limited
PO Box 734
Shortland Street
Auckland 1140
O +64 9 377 1459
E Complaints.NZ@chubb.com

Our CCR Service is committed to reviewing complaints objectively, fairly and efficiently and Our team members are independent of the original decision maker.

Our response

We will acknowledge receipt of Your complaint within five (5) business days of receiving it from You and We will provide You with the name and relevant contact details of the CCR Service team member who will be assigned to liaise with You regarding Your complaint.

We will investigate Your complaint and if We have all the information required to make a decision, We will respond to You within ten (10) business days with a decision. If We require more time or further information We will request a reasonable additional timeframe in which to provide Our response.

If We require more time to finalise Our response, We will keep You updated at least every 20 business days.

When We provide Our complaint decision to You, or if We cannot resolve Your complaint within two months of You lodging it, We will provide You with a 'deadlock' letter which explains Our reasons to You in writing. We will provide You with the option of taking Your complaint to Stage 2 of the Complaints and Dispute Resolution process - External Dispute Resolution.

Stage 2 - External Dispute Resolution

We are a member of an independent external dispute resolution scheme operated by Financial Services Complaints Limited (FSCL) and approved by the Minister of Consumer Affairs. Subject to FSCL's Terms of Reference, if You are dissatisfied with Our complaint determination or We are unable to resolve Your complaint or dispute to Your satisfaction within two months, You may contact FSCL via:

Financial Services Complaints Limited
PO Box 5967,
Wellington 6140
O 0800 347 257 (Call Free for consumers)
or +64 4 472 FSCL (472 3725)
E info@fscl.org.nz or complaints@fscl.org.nz
www.fscl.org.nz

Please note if You would like to refer Your complaint to FSCL You must do so within 3 months of the date of the 'deadlock' letter (or any longer period permitted under FSCL's Terms of Reference). FSCL provides an independent dispute resolution service that is free to customers.

Further details regarding Our complaint handling and dispute resolution procedures are available from Our website and on request.

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 34,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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Company No. 104656
Financial Services Provider No. 35924

Chubb. Insured.SM

Chubb Travel Claims: Tips for speeding up your travel claim



Did you know that settlement is delayed in a large percentage of travel claims due to insufficient supporting documentation?

Consider this checklist of items before submitting a travel claim to Chubb.

1. Loss of Deposits, Cancellation, Curtailment, Disruption

Any document(s) that satisfy us the travel had been booked or occurred, such as:

- The full original itinerary
- The invoices for original/amended travel bookings
- The full refund statement from the Travel Agent/Service provider detailing amounts paid, cancellation charges, refunds and forfeited amounts

Any document(s) that satisfy us as to the circumstances that led to cancellation or curtailment:

- Travel agent or carriers letter stating what happened.
- Any other document that provides proof of the reason for the cancellation or curtailment i.e. newspaper article
- Medical or death certificate

2. Medical Emergency Expenses

Any document(s) that outlines the details of the condition, injury, or illness:

- Medical certificates
- Medical invoices (paid or outstanding)
- Inpatient/Outpatient clinical records, admission/discharge summary

3. Personal Property, Money & Documents

Any document(s) that satisfy us that travel occurred:

- Boarding passes
- Itinerary or travel agent invoice
- Letter from the carrier confirming items were stolen, lost, or damaged, or advising on their liability
- Police report

Proof of ownership:

- Any evidence showing who the items belonged to
- Receipts for or clear photos of the items, warranty cards, the box the item came in, the manual and/or a copy of the bank or credit card statement showing the purchase details

Replacement quotes/receipts:

- Any document(s) supporting the amount being claimed i.e.
 - Quote or invoice for repairs of damaged items
 - Quote or invoice for replacement of lost, damaged items
 - Receipts or invoices for all items being claimed for including any items purchased on an emergency basis.

4. Travel Inconvenience, Misdirected Luggage

Any document that satisfies us that travel occurred:

- Confirmation of delay from the transport provider, including duration
- Property irregularity report
- Receipts and invoices for additional expenses incurred

Proof of cost:

- Any document that supports the amount(s) being claimed

5. Car Rental - Collision Damage Waiver

- A full copy of the rental agreement (including the T & C's)
- Final rental invoice
- Repair quote/invoice
- Any Third Party details

6. Personal liability

- Any report detailing the damage or accident that occurred
- Letter of demand from any other party
- Statement or invoice from any other party.

Please note: There are circumstances where further explanation, information and documentation than that outlined above will be required.

Chubb. Insured.SM

Click here to submit your travel claim. Or contact your broker directly for more information about submitting your travel claim.

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



The information contained within this document does not take into account your personal circumstances, objectives, financial situation or needs and does not constitute financial advice. You should consider the terms, conditions, exclusions and limitations of the relevant insurance policy, and obtain financial advice if required, before making any decisions about the insurance policy. The Policy Wording can be found online at www.chubb.com/nz. New Zealand. Chubb Travel Claims - Supporting Documentation Flyer, New Zealand, Published 11/2020. ©2020 Chubb Insurance New Zealand Limited. Chubb®, its logos, and Chubb.Insured.SM are protected trademarks of Chubb. ChubbNZ07-37-1120

Chubb Travel Claims Online

A claim can be submitted any time, any place, any where - online is the fastest way to lodge a claim. Providing all of the relevant supporting documents and detailed information will reduce our assessment time and means we can resolve your claim faster.



We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Chubb Claim Centre: a simplified solution

Experience has taught us the importance of being proactive when managing claims. Chubb understands that a focused, disciplined and decisive approach to claims handling will bring about an expedited outcome, and can deliver an improved result.

With this in mind, Chubb has developed an easy-to-use online claims submission portal. Chubb Claim Centre enables our broker partners and policyholders to lodge claims online, as well as check the status of a claim. Chubb Claim Centre is currently available for Business Travel claims.



The benefits of using the Chubb Claim Centre include:

- The ability to submit a claim anytime from anywhere on any mobile device, or desktop computer.
- A claim number will be provided immediately, shortly followed by an email and SMS.
- Notification of the claim assigned to a claims assessor within hours, ensuring faster claim settlement.
- The capability for brokers or policyholders to obtain an immediate status update of existing claims online, at any time.

