Chubb European Group SE
Direktion für Deutschland
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Claim Form

Accident

Please complete this claim form in full and return to Chubb European Group SE within 2 weeks. Thank you.

Claim number (to be completed by Chubb)	
Policy number	
Certificate number	

Policyholder

First name	
Surname	
Date of birth	
Street, house no	
Post code, town	
Telephone	
Email	
Occupation *	
insured since	

* We anonymize this information as required and evaluate it in anonymous form for statistical purposes

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Insured person

First name

Surname

Date of birth

Street, house no

Post code, town

Telephone

Email

Occupation

insured since

Benefits paid should be forwarded normally to the claimant. If a direct claim is excluded we need the bank data from the policy owner.

Bank

account holder

IBAN

BIC

1. Information on the course of events leading up to the accident

Date/Time

Accident location

The accident took place

- ☐ at work
- ☐ while commuting
- ☐ on a business trip
- ☐ during leisure time

Accident description (please describe exactly the place where the accident happened, the course of events leading up to the accident, and its cause)
(use a separate sheet if necessary)

2. Were there any witnesses?

☐ No ☐ Yes
(please provide name and address)

CHUBB

3. Was the accident reported to the police?

☐ No ☐ Yes (at the police station)

Logbook No.

4. Was the insured person the driver or passenger of a vehicle? (such as a car, motorcycle, aircraft, light sport aircraft , boat)

☐ No ☐ Passenger ☐ Driver (where the insured person was the driver, please enclose a copy of the driving licence)

Type of vehicle

Numberplate

5. Had the insured person taken alcohol/drugs/medications during the last 12 hours preceding the accident?

☐ No ☐ Yes, please specify which, how much, and over what period of time

Was a blood sample taken? ☐ No ☐ Yes, Result

6. What were the consequences of the accident? (nature and extent of the injuries)

7. Treatment

Date of the commencement treatment

Name and address of the first doctor treat the injured person

Date of most recent treatment

Name and address of the last doctor treat the injured person

Expected duration of medical treatment Date from to degree %

Can full recovery be expected?

☐ No ☐ Yes

8. Did the injured person receive treatment as a full inpatient? (Please enclose hospitalization certificates)

☐ No ☐ Yes from to

Name and address of the hospital

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9. Did the insured person already suffer from illness or ailments before the accident here reported? (e.g.: epilepsy; Parkinson´s disease; unconsciousness; seizures; dizziness or stroke; blood pressure disorders; diabetes; nerve, vision or hearing impairment)

☐ No ☐ Yes please specify which diseases or ailments

Which physicians had been treating the illnesses mentioned above? Name and adress

10. Was the injured person in receive of a pension?

☐ No ☐ Yes, since

Name and address of the pension provider

11. Has the injured person had accidents that resulted in hospitalization or permanent impairment?

☐ No ☐ Yes, when

Type of injury

12. Did the insured person receive disability benefits?

☐ No ☐ Yes, since

Reference

Company

Address

13. Does the insured person have additional accident insurance policies from other companies? (e.g. through the employer, credit card companies, associations, etc.)

☐ No ☐ Yes, In case of additional policies, please use an extra sheet

Company

Street

Postcoder/Town

Policy No.

Claims No.

Name and telephone number of the person handling the claim

14. Was the employers´ liability insurance association notified of the accident?

☐ No ☐ Yes, which one

Address

Reference

15. What health insurance does the insured person have?

Name

Policy No.

Data Protection

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/de-de/datenschutz.aspx or by searching 'Master Privacy Policy' on www.chubb.com You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com.

Explicit Consent

We carefully assess your claim, and also take steps, in common with standard industry practice, to monitor for fraudulent claims. For these reasons, we may need to use information about your health which is relevant to your claim, and, where relevant, the health of other persons relevant to the claim which you provide to us. You must ensure that any other persons whose information you provide to us understand and do not object to this use of their data, and (where required under applicable law) consent to us using their information for the purposes described here.

We will not use this health information for any other purpose, and will comply at all times with the terms (including security standards) referred in our Privacy Policy. You do not have to provide us with the following consent, and you may withdraw it at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim.

Closing statements and signature

I have taken note of the attached notice pursuant to Section 28(4) of the Insurance Contract Act regarding the consequences of any breach of obligations committed after the insured event. I assure you that to the best of my knowledge, I have answered all the above questions fully and truthfully. I note moreover that I remain answerable for the content of this accident report form even if I myself have not completed it.

Place, date

Signature of the insured person (or relative/representative)

CHUBB

Sums insured for the insured person

for long-term disability	€
for death	€
Daily benefit	€
Daily hospital benefit	€

Place, date Signature of the policy holder to confirm the above sum insured.

The policy holder confirms with his signature that the claimant is insured within the policy and the mentioned insured sum.

Notice pursuant to Section 28(4) of the Insurance Contract Act (VVG) regarding the consequences of any breach of obligations committed after the insured event

Dear Client,

Once an insured event has occurred, we need your cooperation.

Obligations to provide information and explanations

Under the contractual agreements which we have made with you, once the insured event has occurred, we may call on you to provide us with all the information necessary to permit us to identify the insured event or to assess the extent of our obligation to provide benefit (obligation to provide information), and to facilitate the proper verification by us of our obligation to provide benefit, this by disclosing to us any information which might serve to clarify the facts of the case (obligation to provide explanations). We may also ask you to supply us with supporting documentation, provided this can be reasonably expected of you.

Release from the obligation to provide benefit

If contrary to the contractual agreements made you willfully and knowingly fail to disclose information or make untruthful statements, or if you willfully and knowingly fail to supply us with the supporting documentation requested, you shall forfeit your entitlement to insurance benefit. If you breach these obligations by acting with gross negligence, you shall not forfeit your entitlement in full, but we may reduce our benefit in proportion to the degree to which you are at fault. There shall be no reduction if you can prove that you did not act with gross negligence in breaching the obligation.

Despite the breach of your obligations to provide information and explanations or to supply supporting documentation, we shall nevertheless continue to be under an obligation to provide benefit if you can prove that the breach of obligation, committed either willfully and knowingly or acting with gross negligence, was not the cause either of the discovery of the insured event or of the establishment or [assessment of the] extent of our obligation to provide benefit.

If you have acted fraudulently in breaching the obligation to provide information, to provide explanations or to supply supporting documentation, we shall in any event be released from our obligation to provide benefit.

N.B.

Where a third party is entitled to the benefits payable under the contract rather than you, the said third party is equally obliged to provide information and explanations, and to supply supporting documentation.