

Claim form - Loss Damage Waiver & Excess Reimbursement

Data protection

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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.

Policy/certificate number:

Claim reference number:

Documentation required

Failure to provide can result in our being unable to process your claim Please confirm you have attached the following documents

<input type="checkbox"/> Fully completed claim form	Complete each relevant section.
<input type="checkbox"/> Confirmation of insurance	Insurance certificate
<input type="checkbox"/> Confirmation of trip dates	Tour operators confirmation booking invoice. Also forward any travel tickets you may have or any other documents as evidence of this trip.
<input type="checkbox"/> Rental agreement	Contact signed by the lead name driver and car rental company for hire of the rental vehicle.
<input type="checkbox"/> Charge receipt	Receipt for car hire if separate from the rental agreement.
<input type="checkbox"/> Police report	If the incident by law required the Police to attend
<input type="checkbox"/> Incident report form	The accident report from the car rental company or agency.
<input type="checkbox"/> Receipts / invoices	Invoices/Receipts/other documents confirming the amount you have paid in respect of damage for which the car rental company or agency holds you responsible
<input type="checkbox"/> Credit card statement	Your credit card statement showing payment of the damages claimed
<input type="checkbox"/> Driving licence	Driving licence
<input type="checkbox"/> Any additional information/documentation	Any additional information or documents which you wish to enclose to substantiate your claim

We understand that it can at times be a daunting prospect making a claim. Please help us to help you by following these guidelines:

- Make sure that the claim form is fully completed, and that the information given is as clear as possible
- Always provide the information requested above. If for some reason, the documentation is not available, please attach a letter advising why it has not been enclosed.

Full details of insured

Title

First name

Last name

Email address

Date of Birth (DD/MM/YY)

Full address

Postcode

Contact no. (day)

Contact no. (eve)

Car rental details

Vehicle registration number: _____ Make and model: _____
Period of rental: From: _____ To: _____ Location of rental: _____
Rental company name: _____ Telephone number (if known): _____

The driver at the time of incident

Title	First name	Last name
_____	_____	_____
Full address		

		Postcode

Date of birth (DD/MM/YY)		
_____	_____	
Email address	Contact no. (eve)	
_____	_____	

Is a current full driving licence held? Yes: No:
Licence number of the driver: _____ Telephone Number: _____

The incident

Was the hire vehicle being used in accordance with the rental agreement? Yes: No:
Incident date: _____ Incident time (Please be precise): _____

Where did it happen? (Town/Country): _____

How did the incident occur? Please pay particular attention to mentioning the following: weather/road conditions, road layout, speed just prior to the incident, traffic signal indication, position of vehicles following the incident: _____

Has a third party claim been made against you? Yes: No:

If Yes, please forward all particulars including letters received from claimants or their legal advisors. _____

Damage to the rental vehicle

Please supply full details of any damage to rental vehicle

Note: If a third party was not involved or a claim has not been made against you, please now move to Section 9 of this claim form.

Third party driver details

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Vehicle registration number _____ Make and model: _____

Name of third party insurer: _____ Policy number: _____

Have you had any previous claims on this type of insurance? Yes: No:

Insurer's address: _____ Postcode: _____

Who in your opinion was responsible for the accident? _____

Have you admitted liability? Yes: No:

Details of injury sustained by a third party driver details

Title _____ First name _____ Last name _____

Full address _____

Date of birth _____ Postcode _____

Nature of Injuries _____

Details of damage to a third party property

Title _____ First name _____ Last name _____

Full address _____

Postcode _____

Nature of Damage: _____

Theft or damage to baggage and/or personal effects

Details of any police involvement (Please supply copy of police report if applicable)

Were the police/highway patrol involved? Yes: No:

If Yes, please supply name of officer: _____ Reference number: _____

Police department/location _____

Contact details including telephone number: _____

Witnesses or others present at time of incident

Title	First name	Last name
_____	_____	_____
Full address		_____
_____		Postcode _____

Title	First name	Last name
_____	_____	_____
Full address		_____
_____		Postcode: _____

Additional Information

Are there any other insurances in force that may cover this incident? Please provide full details including policy number

Rental excess settlement details

Total amount the rental company holds you liable for in respect of loss, theft of or damage to their vehicle _____

Have the rental company agreed to cover this directly via any other insurance office? Yes: No:

If NO, have you paid any amount to the rental company? Yes / No _____ Amount paid if applicable _____

If paid, was this in full settlement of the amount the rental company hold you responsible for? Yes: No:

If NO, please provide the amount for which you are liable _____

Payment method: _____ Date of payment: _____

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

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Address: _____

Account number _____

Name of account holder (s) _____

Postcode _____

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct.

I give permission for any Medical Practitioner, Law Enforcement Agency or Statutory/Regulatory Authority mentioned with respect to this claim, to release information regarding my records

Signed _____

Name _____

Date _____

Checklist

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

- You have completed all relevant questions on this claim form
- You have enclosed all requested original documents (we recommend you retain copies)
- You have signed this claim form

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

Please return the completed claim form together with any enclosures to:

Chubb European Group SE, Claims Department, PO Box 1086, Belfast, BT1 9ES

Chubb. Insured.SM

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