



THANK YOU FOR NOTIFYING US OF YOUR CLAIM. PLEASE COMPLETE ALL QUESTIONS.
 IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE 'N/A'.
 PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS FORM

Name of Policyholder (school/college in the UK/Eire): Gibbs Denley Student Travel Scheme

Policy No.: UKBSTC46859

Full name of Insured Person (Mr, Mrs, Miss, Ms):

Date of birth:

Full address:

Postcode:

Telephone No. (Business):

Telephone No. (Home):

E-mail address (this will be used to contact you regarding your claim):

DETAILS OF EXPENSE - All accounts, bills, receipts, medical certificates, booking invoices, any correspondence, and any other documents relative to this claim should be forwarded to Chubb:

Insured Person	Nature of expense	Name and address of doctor or hospital attended	Currency being claimed	Amount	Paid
TOTAL: £					

COURSE FEES & ACCOMMODATION - If you are claiming for your course fees or accommodation costs please ask your school to complete this section of the form.

We confirm that the above student has booked and paid for the following courses, accommodation and/or excursions.

Date of arrival: _____ To: _____

Please provide full breakdown of all costs paid:

1. _____
2. _____
3. _____
4. _____

Is the student entitled to a refund under your booking terms & conditions? YES / NO

If YES, please provide a full breakdown of the refund due:

1. _____
2. _____
3. _____
4. _____

OFFICIAL STAMP OF SCHOOL

Signature of School

Please note that any refund due to you from the school will be paid by them and not this insurance.

MEDICAL EXPENSES - accident/sickness details. Please provide a copy of your original itinerary/travel documents if available:

Date of trip:

Please give exact date and place when injured or taken ill:

DATE:

PLACE:

If accident, please state fully:

(a) Where the accident took place:

(b) How the accident occurred:

(c) The injuries sustained:

If illness, please state full details of illness:

Have you (the Insured Person) ever suffered from this illness before? YES / NO

If YES, please give details with relevant dates:

PLEASE ALSO PROVIDE A LETTER FROM YOUR DOCTOR TO SAY THAT YOU (THE INSURED PERSON) WERE FIT TO TRAVEL.

Please state whether you (the Insured Person) were in hospital: YES / NO

If YES, please state dates of hospitalisation:

Admitted:

Discharged:

Have you (the Insured Person) previously claimed under this or a similar policy? YES / NO

If YES, please give details:

Are you (the Insured Person) covered under any group private medical scheme ie. BUPA/PPP or any similar scheme? YES / NO

If YES, please give name, address and reference number of the company concerned:

Please give name and address of General Practitioner in the UK:

PERSONAL INJURY DETAILS

Please give exact date and time when injured: Date: Time: am / pm

Please state fully:

(a) Where the accident occurred:

(b) How the accident occurred:

(c) The injuries sustained:

Have you (the Insured Person) previously claimed under this or a similar policy? YES / NO

If YES, please give details:

Please give the name and address and policy number of any other insurance that may cover this injury:

PERSONAL BELONGINGS AND MONEY - Travel Details

Please give date of loss/damage/theft:

Where did the loss/damage/theft occur?

Please give full details of the loss/damage/theft:

To whom was the loss/damage/theft reported?

Please provide a copy of this report

NOTES:

1. All losses should be reported to the local police and a report obtained. This should be forwarded to Chubb.
2. All losses or damaged property which occurred whilst in the custody of an airline should be reported and a Property Irregularity Report Form obtained. This should be forwarded to Chubb together with the ticket stubs.

On which date was the loss/damage/theft reported?

If article(s) lost/stolen:

What steps were taken regarding recovery of the article(s)? Please provide any written evidence.

If article(s) damaged:

Please supply estimates for cost of repairs or a letter from an appropriate dealer confirming irreparably damaged.

Please supply receipts - if not available please supply replacement estimates/invoices.

Is any property lost/damaged/stolen insured by any other company? YES / NO

If YES, please supply name, address, telephone number and policy number:

Please supply name, address, telephone number and policy number of household contents insurers:

Have you had any previous claims on this type of insurance? YES / NO

If YES, please give details with relevant dates:

Please ensure the 'Particulars of Claim' section overleaf is fully completed.

DOCTOR'S STATEMENT - This section must be fully completed by attending doctor. You (the Insured Person) are responsible for any fee to complete this section.

Patient's name (Mr, Mrs, Miss, Ms):

Date of birth:

Height:

Weight:

Please give full details of injury:

Final diagnosis:

When did the patient first receive medical attention for this condition?

Has the patient ever suffered with this or any similar condition before the present episode? YES / NO

If YES, please give details including dates, treatment and consultation:

Are you the patient's usual doctor? YES / NO

If NO, please give name and address of usual doctor:

On what date did incapacity commence?

Is the patient still incapacitated? YES / NO

If YES, when will the patient be able to return to their studies?

If NO, when did incapacity cease?

Was the patient hospitalised as a result of this condition? YES / NO

Is there any additional information that you feel is relevant?

Please use Validation Stamp or complete in BLOCK CAPITALS:

Name:

Address:

Postcode:

Telephone No.

VALIDATION STAMP

Thank you for your assistance in completing this form

ACCESS TO MEDICAL REPORTS ACT 1988 - Before your attending doctor can give a medical report on this claim form, which is a requirement of this claim, you must give your consent. Before giving your consent, you should also be aware of your rights under the Act which are summarised as follows:

1. You may withhold your consent.
2. You may see the report before it is sent to us within 21 days from the date of this report.
3. You may ask to see the report for up to six months after the report is completed.
4. You may ask the doctor to amend any part of the report which you consider to be incorrect or misleading. If the doctor does not agree with your request, you may attach your comments to the report.

NB: The doctor may withhold all or part of the report from you if he/she considers that you may be physically or mentally harmed by it.

PATIENT DECLARATION - Having been made aware of my statutory rights under the Access to Medical Reports Act 1988 in connection with my claim:

1. I hereby consent to Chubb seeking medical information from any doctor who at any time has attended me (the Insured Person) concerning conditions which affect my physical or mental health.
2. I DO wish to see the report before it is sent to Chubb.
3. I DO NOT wish to see the report before it is sent to Chubb.
4. I authorise such doctor to disclose such information to Chubb.
5. I agree that a copy of this consent shall have the validity of the original.

Signed: _____ Date: _____
(Please sign this if you are aged 18 years or more. If you are aged under 18 years this must be signed by your parent/legal guardian or an authorised person at your school/college, on your behalf.)

BANK DETAILS - When the claim has been approved you may have the payment credited direct to your bank account. This payment method is both speedier and safer than by cheque. If you would like to take advantage of this arrangement, please complete the following:

Name and address of your bank/building society:

		Currency required, if other than £ Sterling:	
		Account Name:	
		Account Number:	
		Branch Sort Code:	
Postcode:	IBAN Number		
If payment has already been made on your behalf, please give details to whom this claim payment should be made:	Swift/BIC code		
Name:			
Address:			Postcode:

DATA PROTECTION

In order to administer your claim Chubb European Group SE and Gibbs Denley Insurance Services will use personal information which you supply for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: www2.chubb.com/uk-en/footer/privacy-policy.aspx or by searching 'Master Privacy Policy' on www2.chubb.com/uk-en/. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com. The course-u-can.com privacy policy is available here: <https://www.course-u-can.com>.

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662. UK business address: 100 Leadenhall Street, London EC3A 3BP. Supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at <https://register.fca.org.uk/>

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

Signed: _____ Date: _____
(Please sign this if you are aged 18 years or more. If you are aged under 18 years this must be signed by your parent/legal guardian or an authorised person at your school/college, on your behalf.)

CHECKLIST - Please ensure you have:

- completed ALL relevant questions on this claim form
- enclosed all requested information and documentation
- signed this claim form

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

The Claims Service Team, Chubb European Group SE, PO Box 682, Winchester, SO23 5AG.

Tel: 0345 841 0059 (within UK only)

International: + 44 (0)1 41 2 85 2999

Email: uk.claims@chubb.com

AS FAILURE TO DO SO WILL RESULT IN A DELAY IN HANDLING YOUR CLAIM.

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