CHUBB®

CLAIM FORM
for American Express Corporate Card

Card number	Expiry date

CARDMEMBER

Name of policyholder	
CPR number	
Address	
Zip code	Town/city
Phone number	E-mail

EMPLOYER

Company name	❑ Private ❑ Business Travel
Address	
Zip code	Town/city
Phone number	E-mail

INJURED PARTY (IF SOMEONE OTHER THAN THE CARDHOLDER)

Name of injured party	
CPR number	
Address	
Zip code	Town/city
Phone number	E-mail
Relationship to cardholder	

OTHER INSURANCE

Are you **insured** with another insurance company? ❑ Yes ❑ No		Has the claim been reported to this company? ❑ Yes ❑ No
If yes, to what insurance company?		Policy number
Do you have another **creditcard**? ❑ Yes ❑ No	Which credit card?	Card number
If double insurance exists American Express Travel Insurance will only cover to the extent that the insured does not obtain compensation elsewhere.		
Have you received **compensation** from the airline company? ❑ Yes ❑ No		
If yes, how much and what did it cover?		

Please turn page

BAGGAGE DELAY

Information regarding baggage delay			
Departure from	To		Via
Arrival	Date	Time	Flight no.
Baggage delivered	Date	Time	Flight no.
Reason for delay			

FLIGHT DELAY

Information regarding flight delay			
Departure from	To		Via
Planned departure	Date	Time	Flight no.
Actual departure	Date	Time	Flight no.
Reason for delay			

DOCUMENTED EXPENSES

Date	Cost/Purchased	Currency	Amount
For example if baggage delay	2 pairs of socks	USD	5.00
Use a separate sheet if required.			

ALL RELEVANT DOCUMENTATION MUST BE ATTACHED

- Flight tickets/Boarding passes for entire journey for the injured party and the cardholder
- The original reciepts of expenses
- The **PIR report** made about the delay from the airline company which includes the name of the injured party
- Receipt of baggage delivery

Please take photocopies for your own records. Documents attached to this form will not be returned.

Missing documentation will delay the handling of the claim form

In case of compensation	Bank
Reg. number	Account number

SIGNATURE

I hereby grant consent to the insurer, in connection with the rating of the insurance event and the determination of any insurance services, to make use of the information contained in this claim form and the accompanying documents.

Information will be exchanged between the Danish branch of Chubb, and those parties handling the claim in Chubb, and those performing the actual examination (research) of the case.

To the extent necessary for processing the claim, the information can also be transferred to external advisors such as lawyers associated with Chubb European Group Limited.

The above information may also be transferred to other insurance companies involved in the claim if a legitimate reason or interest exists.

I declare that the above information is correct.

A photocopy of this claim form has the same validity as the original.

Signature	Date

Send to:

Chubb European Group Limited
Postboks 1009
1006 København K
Phone number: 33 13 55 33, Fax number: 33 13 23 49

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