

# CHUBB

## **SUBMITTING AN ACCIDENTAL DEATH, DISMEMBERMENT CLAIM TO CHUBB NORTH AMERICAN CLAIM**

The first step in reporting an accidental death, dismemberment, medical, personal effects, trip cancellation/interruption/delay or baggage claim is to contact CHUBB North American Claims at 1-800-336-0627. Our telephones are answered between the hours of 8:00 am and 4:30 pm Eastern Standard Time Monday – Friday. For calls after this time, please leave a message at 302-476-6194 and someone will return your call the next business day. The contact person is Ms. Diane Basa.

When reporting the claim please provide the policyholder name, policy number, claimant name and type of claim and mailing address to send the claim. This will ensure that the appropriate claim form is promptly mailed. The caller should further contact the policyholder representative and advise them of the claim.

Once you have received the claim form it must be completely filled out and remitted back to CHUBB North American Claims. In addition to the claim form, there will be specific information that is required which is outlined below:

**Accidental Death Claims:** In addition to the claim form, the following items are required:

- (1) A Certified Copy of the final death certificate;
- (2) Your company's enrollment benefits form and Beneficiary Designation;
- (3) Confirmation of employee's Principal Sum and current premium payment;
- (4) The Police Report, any Autopsy Report, any medical records or reports, and any newspaper clippings.
- (5) If Business Travel, a copy of employee's itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company.

**Accidental Dismemberment Claims:** In addition to the claim form, the following items are required:

- (1) Your company's enrollment benefits form.
- (2) Confirmation of employee's coverage classification (if multiple classes) and current premium payment;
- (3) The Police Report, all Medical Records, and any eyewitness statements and complete accident details.
- (4) If Business Travel, a copy of employee's itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company.

**Medical Claims:** In addition to the completed claim form, the following items should be remitted:

- (1) An itemized bill for the treating physician
- (2) Prescription – receipt showing the claimant's name and the cost of the medication

**Personal Effects Claims/Baggage Claim:** In addition to the completed claim form, the following items should be remitted:

- (1) Lost, stolen or damaged luggage - The Covered Person must file a formal claim with the transportation provider and provide us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage. If the luggage is damaged we will need proof that it is beyond use to be covered.
- (2) Baggage Delay – The Covered Person must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases for essential clothing and toiletries.
- (3) Personal Effects – We require receipts for any item over \$150 showing proof of purchase. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.
- (4) Police report/ incident report (Personal Effects)

**Trip Cancellation/Interruption/Delay:** In addition to the completed claim form, the following items should be remitted:

1. Attending Physicians statement complete by a physician
2. The amount of the non-refundable amounts paid for the trip
  - a. any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip;
  - b. any prepaid, unused, non-refundable airfare and sea or land accommodations
  - c. any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable
3. The cost of a one-way economy air and/or ground transportation ticket

Once this information is complete please email and scan, fax or mail along with the completed claim form to:

**CHUBB Insurance Company**  
**Accident & Health Claims**  
**P.O. Box 5124**  
**Scranton, PA 18505**  
**Fax: 302-476-7857**  
**ACEAandHClaims@Chubb.com**  
**[Diane.Basa@Chubb.com](mailto:Diane.Basa@Chubb.com)**