

GUIDE TO SUBMITTING A CLAIM

THIS GUIDE IS SPECIFICALLY FOR OUR SUMMER ADVENTURE COURSES UNABLE TO OPERATE AS A RESULT OF COVID 19.

This is a guide produced by The Outward Bound Trust to assist with the completion of the Chubb claim forms in the event you need to submit a claim through the cover provided by Chubb Insurance Company of Europe SE arranged by Marsh Brokers Ltd provided to persons attending Outward Bound Trust courses.

Useful information

- The Outward Bound policy number is UKBOTD01630. Please detail this on the paperwork.
- The details on page 1 are those of the claimant and should be the details of the Young Person(s). If you have more than one booking with us, please submit one form, making it clear that it covers multiple bookings. If you feel more comfortable putting a Parent or Guardians contact details down for correspondence and ease, please do.
- Please contact enquiries@outwardbound.org.uk for a Purchase Invoice, this will evidence your booking with the Trust and monies paid. It will also confirm your travel dates and destination.
- The claim form can be found on our website.
- The form is a PDF which can be downloaded and has the flexibility to be filled in online.
- If printing, please complete in black ink and use BLOCK CAPITALS.
- Email an online completed form to irene.wilson@marsh.com
- Please contact Irene Wilson at MARSH for any queries +44 (0) 131 311 4288
- Alternatively, please send completed forms onto the address below:

FAO: Irene Wilson

Marsh | Client Advisory Services, UK & Ireland

Orchard Brae House, 30 Queensferry Road, Edinburgh EH4 2HS

- Please make sure you make a copy of any additional documentation that you submit with your claim. If you have completed electronically we advise that you save a copy for your records. If you have filled out a paper copy, we suggest you photocopy or scan a second copy for your records.
- The insurance company are dealing with a significant amount of claims at this time, please be aware that once submitted, claims can take some time to process and authorised. During this process there might be a requirement for further details, in which case the insurance company will contact you directly.
- If you have any queries, please contact the Customer Services team at enquiries@outwardbound.org.uk alternatively, once submitted, contact Irene Wilson at MARSH, using the contact details above.
- **Please note we are able to assist with the details we have access to and assist with the completion of the form, but we are unable to advise or comment on the outcome of the claim itself.**

Claim form - Travel

This document contains fillable form fields.
 It is recommended you download the file to fill in your information.

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/uk/en/footer/privacy-policy.aspx> or by searching 'Master Privacy Policy' on <https://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.

Before completing this claim form you may prefer to submit your claim online, 24 hours a day, 7 days a week. It's easy to use and provides a contemporary claims experience for all customers www.chubbclaims.co.uk

Please write in black ink and use block capital letters.

- All relevant sections must be completed or marked 'not applicable'.
- Complete the checklist and ensure that you sign the declaration at the end of this form.

Name of Policyholder:

THE OUTWARD BOUND TRUST

Certificate/Policy Number:

UKBOT001630

Insured details

Insured Person forename(s) (Mr/Mrs/Miss/Ms):

Young Person

Insured Person surname:

Young Person

Full address:

Young Person Address

Daytime Telephone Number:

Young Person Telephone Number

Evening Telephone Number:

Young Person Telephone Number

Postcode:

Young Person Postcode

Date of birth:

Young Person DOB

Email Address:

Young Person/Parent or Guardian Email

Claimant details

Full Name of Claimant	Date of Birth	Claimant's Address (if different to insured person)	Relationship to Insured Person
Young Person	Young Person	Please add if different	Participant

Travel details

Type of travel: Business Leisure

If you have answered Leisure, please select the type of policy you held

- Annual – a personal travel insurance policy that provides cover for multiple holidays over a period of one year
- Single – a personal travel insurance policy that provides cover for one holiday for a specified period of time
- Backpacker – a personal travel insurance policy that provides cover for travelling and working abroad for a specified period of time
- Secunder – a business travel insurance policy that provides cover for holidays taken by an employee living and working abroad

Country of departure:

HOME

Country of destination:

UK

Country & City of Incident/Loss:

UK - Aberdovey/Ullswater/Loch Eil

Date journey was booked:

Add date booked

Method of transport (if loss occurred in transit):

Air/Train/Bus/Car/Other

Scheduled departure date:

Date you started your direct onward travel

Time:

When you left

Scheduled arrival date:

Course Start Date

Time:

Start time

Scheduled return date:

Course End Date

Time:

End time

Please select your claim type by ticking from the selections below

Medical Expenses

- Injury
 Illness

Please go to Section 1

Travel Disruption

- Cancelled trip
 Trip cut short/ missed activities
 Missed departure/connection
 Delay

Please go to Section 2

Personal Belongings

- Lost
 Stolen
 Damaged
 Delayed

Please go to Section 3

1. Medical Expenses

Please give date, time and place where injured or taken ill:

Date / time:

Place:

Please describe the illness suffered/injuries sustained and details of treatment:

Have you suffered from this injury/illness in the past?

Yes No

If YES please provide the date you first suffered from this injury/illness

Did you have a valid EHIC card at the time of this incident?

Yes No

If YES please provide card details

Did the incident result in hospitalisation?

Yes No

If YES, what was the date and time that you were admitted and discharged:

Admitted:

Discharged:

Please provide the name and address of your usual General Practitioner

Please provide name and address of hospital and treating physician:

Please go to Section 4 Additional Information

2. Travel disruption

Actual Departure Date/Time:

Date/Time

Actual Return Date/Time:

Date/Time

If delayed, please state total delay time:

Hours

Please give the reason for cancellation/curtailment/delay of the journey:

Cancellation due to Coronavirus (Covid 19)

What was the date of Cancellation/Curtailment/Delay:

Add

Please describe the illness/injury in more detail:

UK Government advice and restrictions issued regarding travel limitations and social distancing

If the cancellation/curtailment was due to illness or injury, please confirm: Did you or a family member suffer the injury/illness?

Me Family Member

Please add any other information that would prevent you as an individual to travel (Isolation required/Local authority advice/In a high risk group)

If family member, what is their relation to you?

Have you/family member suffered from this injury/illness in the past?

Yes No

If YES please provide the date you/family member first suffered from this injury/illness

Doctor's statement

This section must be fully completed by your own doctor or doctor providing outpatient treatment - any fee for completion of this section is the responsibility of the Insured Person.

Nature of complaint preventing travel:

Date treatment first sought:

Was cancellation of the journey medically necessary?

Yes No

Signed:

Validation stamp:

Date:

Please go to Section 4 Additional Information

3. Personal belongings

Please give date of the loss/damage/theft/delay:

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

Please provide the name of the authorities that this incident was reported to, and any references e.g. police, airline, hotel etc.

If the loss, damage or delay was caused by an airline or carrier, please provide:

Name of airline/carrier:

Amount of compensation received:

Baggage delay only - please confirm:

Scheduled date and time of baggage arrival:

Actual date and time of baggage arrival:

Total delay time:

Hours

Please go to Section 4 Additional Information

Do you consider anyone to blame for this incident or loss?

Yes No

If Yes, please provide details:

Name of Insurer/ Company/Individual	Address/ Contact Details	Any Reference Numbers

Please provide any additional relevant information about your claim:

SAMPLE

Access to Medical Reports Act 1988

Before your 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 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.

NE: The Doctor may withhold all or part of the report from you if he 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 concerning conditions which affect my physical or mental health.
2. I do wish to see the report before it is sent to Chubb
 I do not wish to see the report before it is sent to Chubb
3. I authorise such Doctor to disclose such information to Chubb.
4. I agree that a copy of this consent shall have the validity of the original.

Signed:

Date:

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

The bank the monies need returning to

Bank Sort Code

1 1 1 1 1 1

Address

Bank Address

Account Number

012345678

Name of Account Holder(s)

Please complete

Explicit Consent to use Health Information - Important Please Read if your claim involves Injury or Illness

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.

Please tick the following box to indicate your consent to our use of your health information in this way.

Declaration

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

Signed:

Complete

Date:

Complete

Checklist

Please enclose supporting documents. See list of examples below:

Medical Expenses

- Medical invoices
- Medical confirmation of illness/injury

Travel Disruption

- Original travel documents
- Replacement travel documents
- Airline confirmation of reason for cancellation/curtailment/delay
- If cancelled for medical reason - proof of this e.g. medical certificate
- If any other reason for cancellation - confirmation from relevant body
- Original boarding pass
- New boarding pass

Personal Belongings

- Receipts for items claimed
- Receipt/invoice for replacement items or
- Replacement estimates
- Travel documents
- Police report
- Property Irregularity Report
- Other loss report
- Receipts /invoices for emergency items purchased (in the event of baggage delay)

Please return the completed claim form together with any enclosures to your Insurance Broker or 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

Thank you for fully completing this claim form and enclosing all supporting documentation.

Chubb. Insured.™

Chubb European Group Limited registered in England & Wales number 112292 with registered office at 100 Leadenhall Street, London EC3A 3DF. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Full details can be found online at <https://www.fca.gov.uk/>

IMPORTANT NOTICE: In order to prepare for the UK's exit from the European Union, Chubb is making certain changes. It is currently anticipated that during 2018 Chubb European Group Limited will convert to a public limited company, when it will be known as Chubb European Group Plc. It is then proposed that the company converts into the legal form of a European Company (Societas Europaea), when it will be known as Chubb European Group SE. The company will still be domiciled and have its registered office at the same address in England and will remain authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

To stay up to date with our Brexit preparations and for more information about what it means for you, refer to our website at chubb.com/brexit
12/14/18-02/19/18