



Chubb Insurance (Switzerland) Limited
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Claims.switzerland@chubb.com

Property Insurance Claim Form

In order for us to proceed with your claim as quickly as possible it is important to attach the following documents (originals where possible) with this form.

Please tick to indicate document enclosed:

- ☐ Commercial Invoice
- ☐ Other proof of value e.g. repair, replacement invoices
- ☐ Notification of Liability addressed to the person causing the loss
- ☐ Reply from the person responsible
- ☐ Loss/Damage Report
- ☐ Police Report
- ☐ Other Documents (Correspondence/Photos etc.)

Policyholder

Policy no./registration no.

Surname, first name/company

Address/post code/town

Tel./fax

e-mail/contact

Name/address of bank

Account no./clearing no.

Claimant if not identical with policyholder

**Surname, first
name/company**

Address/post code/town

Tel./fax

Contact

Details of the loss occurrence

Date of loss occurrence

Location of loss occurrence

Description of the cause of the loss occurrence

Estimated loss amount

Name/address of place where loss may be surveyed

Name/address of person/company causing the loss

Are there any witnesses? Names?

General information

Has the person causing the loss been held liable? Yes ☐ No ☐

Have representatives of this person surveyed the damage? Yes ☐ No ☐

Name of the loss adjuster acting on behalf of person causing the loss

Has a police record been filed, indicate police station?

Is there another insurance policy covering this loss? Yes ☐ Name and address? No ☐

Are you registered for Value Added Tax Yes ☐ No ☐

Other remarks



The undersigned person(s) authorize(s) Chubb to process data during the course of processing a claim for damage. To the extent required, Chubb is authorized to forward data for processing to third parties in Switzerland and abroad who are involved in the policy, in particular to coinsurance and reinsurance companies and to companies, which belong to Chubb.

Furthermore, Chubb is authorized to procure pertinent information from official sources and third parties and to inspect official and court files. This consent shall be valid regardless of whether a claim for damage is being processed.

Additionally Chubb is authorized in cases of recourse to a liable third party to provide the necessary data to the liable third party or their liability insurer, to enable them to enforce their legal claims.

The undersigned person(s) has/have the right to request that Chubb provide information envisaged under legislation in respect of the processing of data pertaining to him/her/it. The consent given in respect of processing data can be revoked at any time.

Place and Date

Company stamp / Signature(s)

Chubb. Insured.SM