

Personal Effects Claim Form

IMPORTANT NOTICE: Written notice of claim must be provided within 90 days of the loss. Written proof of loss must be provided within 90 days after the date of loss. If it cannot be provided within that time period, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted more than one year from the date it was otherwise required.

Please mail your completed Claim Form with itemized bills and receipts to:
(to expedite your claim, please email with readable receipts)

Administrative Concepts, Inc. Website: www.Acitpa.com
PO Box 4000 Email: intlassist@acitpa.com
Collegeville, PA 19426

**Thank you for notifying us of your claim. Please complete ALL questions.
If any question is not applicable, please state N/A.**

Name of Insured: _____ Policy Number: _____

Name of Covered Person: _____ Date of Birth: _____

Address: _____

Home#: _____ Work#: _____

Email: _____

Travel Details

Type of travel (business/holiday): _____

Date of loss/damage/theft: _____

Country where loss/damage/theft occurred: _____

Details of loss/damage/theft: _____

To whom was loss/damage/theft reported: _____

If article(s) lost/stolen – what steps were taken regarding recovery of article(s): (Provide any written evidence) _____

If article(s) damaged — please supply estimates for cost of repairs or a letter from a reputable dealer confirming irreparably damaged: (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 numbers of homeowners/household contents insurers:

Have you ever had any previous claims on this type of insurance: Yes No

If yes, please supply details with relevant dates:

Payment Information

Please complete either Option 1 or Option 2

Option 1 – Payment to Employee

Your home address as listed above: Direct deposit to your bank account:

Name on Account: _____ Account #: _____

Bank Name: _____ Swift Code: _____

Bank Address: _____

Currency: _____ IBAN: _____

Option 2 – Payment to Employer

Employer's Name: _____

Employer's Address: _____

Notes:

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

Please ensure the particulars of this Claim Form are completed and attached.

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

Signed: _____

Dated: _____

Please Ensure:

You have completed all relevant questions on this claim form.

You have enclosed all requested information/documentation and the Particulars of Claim form.

You have signed this claim form.

Failure to do so may result in delay in handling your claim.

Please return the completed claim forms together with any enclosures to your Insurance Broker or to Chubb USA Claims at the address shown at the top of the form.

Fraud Warning:

Certain states require specific state mandated fraud language to be included on all claims forms while other states use a generalized fraud stated. We have adopted the fraud warning language prescribed by the District of Columbia as its standard fraud statement. Unless otherwise noted below this statement shall be included on all claims forms, applications and enrollment forms.

District of Columbia Generic Warning:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The following states have required us to use state specific language as follows:

California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland/Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Virginia

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may have violated state law.

Particulars of Claim

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price	Receipts/ Replacement Estimates Attached
Total Sum Claimed				

Please ensure you provide receipts if possible or replacement estimates from a reputable retailer for items \$150.00 or over.