

Claim Form Trip Cancellation

As a result of the cancellation of flight number _____ on (date mm/dd/yyyy) _____, with airline _____, due to the reason of _____, I am attaching the following documentation: **(We reserve the right to request additional documents if necessary)**

- Medical report and treatment sheets:** Must be completed and signed by your doctor and contain the diagnosis, date of onset of the condition, and medical recommendations.
- Receipts of non-refundable charges:** Document issued by service providers outlining the concept and total penalty.
- Copy of valid identification with a photo of the insured, issued by a government agency with the authority to issue it (front and back):** If a citizen of the United States of America, identifications issued by both the federal government and any of its jurisdictions will be accepted. If not a citizen of the United States of America, only a valid national passport will be accepted.
- Copy of the document accrediting the purchase of the package:** Document issued by the travel agency and/or the website or portal, containing a breakdown of the services purchased, as well as the user's name.
- Copy of the birth certificate, copy of the marriage certificate or a sworn statement stating that the subscriber is a domestic partner under the terms and definitions of the policy in question:** To prove the relationship with the family member for whom the flight was canceled.
- Claim Letter:** Explaining the reason for the cancellation or interruption of the trip.

Committed to providing you with the excellent service you deserve, it is necessary for you to send us all the documentation. You can start your claims process by sending your information by regular mail to the following address:

Name			
Postal Address			
Residential Address			
Birth Date (m-d-y)		Policy Number	
Phone Number		Email	

Chubb Insurance Company of Puerto Rico, PO Box 191249, San Juan, PR 00919-1249. You can also send your claim by fax to 787-758-6989, or via email at: puertorico-firstnoticeofloss@chubb.com.

The information requested is required to process your claim. Claims that do not meet all the documentation will not be accepted.

Article 27.320 - Notice from the Insurance Commissioner:

"Any person who knowingly and with intent to defraud presents false information in an insurance application or, who presents, helps, or causes to be presented a fraudulent claim for payment of a loss or other benefit, or presents more than one claim for the same damage or loss, shall be guilty of a felony and, upon conviction, shall be punished, for each violation, by a fine not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000) or by imprisonment for a fixed term of three (3) years, or both. Where aggravating circumstances exist, the fixed penalty may be increased up to a maximum of five (5) years; where mitigating circumstances exist, it may be reduced to a minimum of two (2) years."

I certify that the information provided by me on this form is correct.

Signature

Date(mm-dd-yyyy)