CHUBB

ACCIDENT CLAIM FORM
INJURY OR DEATH

_____ _____ ____/____/____
Last Name First Middle Social Security Number Date of Birth

_____ _____
Street Address City/Town/State/Zip Code

_____ _____
Telephone Number (Home) Telephone Number (Work)

_____ _____
Relationship of Accident Victim Job Title/Occupation

_____ _____
Physician's or Surgeon's Name Hospital (Name)

_____ _____
Street Address/City/Town/State/Zip Code Street Address/City/Town/State/Zip Code

_____ _____ _____
Injury/Death Date/Time/AM or PM Hospital Confinement Dates (From/To)

_____ _____ _____
Date Work Ceased Date of Disability (From/To) Resume Work Date

DESCRIBE INJURIES OR CAUSE OF DEATH

DESCRIBE ACCIDENT LOCATION/HOW OCCURRED/RELEVANT LOSS DETAILS (attach separate sheet if necessary)

I hereby authorize any hospital, physician, or other person who has attended me or examined me to furnish to the following company, or their representative, all information with respect to any illness, injury, medical history, consultation, treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Company_____ Date_____

Signature _____

PHYSICIAN'S REPORT

_____
Patients Name

_____

_____
Nature of Injury (describe complications, if any)

_____

_____

_____

_____

_____
Describe any pre-existing condition or other disease or infirmity which may or may not effect present condition.

_____
Dates of Treatment

_____ _____ _____
Patient Disabled (Total/Partial) Resumed Work Date Return to Work Date

_____ _____ _____
Patient Under Care (Yes/No) Discharge Date Contemplated Discharge Date

_____
Present Factors Prolonging Disability

_____
Amount of Your Bill for Services to Date

_____ _____ _____
Physician Signature Date Street Address

_____ _____
City/Town/State/Zip Code Telephone

DEATH CLAIM

Please attach any coroner report, police information and death certificate to this accident claim form.

All claims are to be reported to the Chubb Claims Service Center 1-800-252-4670.