

Student Details

Student Name:	
Date of Birth:	
Home Address:	
Email Address:	
Country of Origin:	
Mobile Number:	
School/College Name:	
Course Dates:	Start Date: _____ End Date: _____
Course Fees:	
Policy Type:	

Accident/Illness Details (this section must be completed)

If an Accident , please state fully:	
a) Where/When/Date accident occurred	
b) How the accident occurred	
c) The injuries sustained	
If an Illness , please state the full details of your illness including the date:	
Have you ever suffered from the illness before?	
If YES, please give relevant information (dates etc.)	
Please state whether you were admitted to hospital:	
If YES, please state the dates:	Admitted: _____ Discharged: _____
Please give the name and address of the attending General Practitioner (GP):	
Have you previously claimed under a similar policy? If YES please give details.	

Details of Expenses

All accounts, bills, receipts, medical certificates, correspondence and any other documents relative to this claim should be forwarded with this claim form. These must all be originals.

Nature of Expense	Name & Address of doctor/hospital attended	Amount	Paid (Yes/No)
	Total Claim Amount:		

Bank Details

Name on Account:	
Bank Name:	
Bank Address:	
Account Number:	
Sort Code:	
IBAN Number:	
BIC:	

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/ie-en/footer/privacy-policy.aspx> or by searching 'Master Privacy Policy' on <https://www2.chubb.com/ie-en/>. You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.europe@chubb.com.

Explicit Consent to use Health Information – Important Please read

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: _____

Date: _____

Please return completed form to:

(a) Post: Study & Protect, 17/18, Herbert Place, Dublin 2

(b) Email: claims@studyandprotect.com

Important Notice:

Please attach your policy certificate with all documents submitted

PLEASE BE AWARE THAT CLAIMS MAY TAKE UP TO 4 WEEKS TO FINALISE

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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.