Student Accident Claim Report Form

	Policy No.:
	Grade & Section:
	Class:
HUBB	Name of School:
	Student's Name:
	Birthday:
	Description of Accident:
	Diagnosis of Injury:
	Did accident occur while at school, while travelling to and from school, while participating in school sponsored activities, or while travelling to and from school sponsored activities?
	If YES, please indicate date and place of accident: Name and address(es) of witness(es):
	Has patient ever had same or similar condition? Yes No
	Name of Hospital:
	Address:
	Date of Confinement:
	From: To:
	Please indicate below to whom payment shall be made:
	Doctor Parent Hospital Others
	Complete Name of Pavee

I hereby certify that the foregoing statemen	its are true and correct to the	best of my knowledge.	
Approved:			
Signature and Title of School Head	Parent's Signature	Date	
Please attach all Hospital and other Med	lical bills		
examined the above-named student, to disc Company), or its representative, any and all	close when requested to do so l l information, prescriptions or	ysician or other person who has attended to or by Insurance Company of North America (a Chubb treatment, with respect to any illness or injury, to copy of this authorization shall be considered as	
Approved:			
	M.D.		
(Signature over Printed Name)	Pa	arent's Signature	
Supporting Papers Attached (Please che	eck)		
A. For Medical Reimbursement Benefit B. For Dismemberment Benefit C. For Death Benefit	 Police Report, Original bills and receipts, Doctor's prescription Certified copy of Operating Room Record Birth Certificate, Death Certificate, Autopsy Report, Police Report, Affidavit of Photograph/Newspaper clipping Proof of Relationship of Beneficiary to Insured 		;
You will be notified in case additional documents are require	ed. The Company makes no admission of li	iability or waiver of rights by furnishing this form.	
or both, at the discretion of the court, to any per	cson who presents or causes to be	e the amount claimed and/or imprisonment of two (2) ye presented any fraudulent claim for the payment of a loss es any writing with intent to present or use the same, or t	3
Contact Us			
Insurance Company of North America A Chubb Company 24th Floor, Zuellig Building Makati Avenue Corner Paseo de Roxas Makati City, Philippines 1226 O +63 2 849 6000 F +63 2 325 1669			

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