

Guidelines for submitting a travel insurance claim under the University of California (UC) **Student -or- Employee** Policies

Introduction

Go to the [Chubb Claim Portal](https://www.chubbclaims.com/ace/us-en/claims.aspx) at <https://www.chubbclaims.com/ace/us-en/claims.aspx>, click 'Lets get started,' follow the prompts, and fill in the requested information. All info must be entered in one sitting for it to be saved. The instructions provided below show the information that is requested in the portal. Scan or photograph all supporting documents (receipts, medical reports, flight itinerary, travel authorization, etc.), so you will be able to upload them once you have filled in the form fields. The more supporting documentation you provide, the faster your claim will be assessed. Contact Ace/Chubb claims at +1-800-336-0627 or ACEAandHClaims@chubb.com with questions.

If you would prefer to complete a PDF claim form and submit it by email with your supporting documents, download the appropriate form below. These PDF forms may not be accessible to screen reading technology.

Lost Personal Effects and Baggage Claim Form	Medical Claim Form for Students	Trip Cancellation/Delay/ Interruption Claim Form	Accidental Death Claim Form
Delayed Baggage Claim Form	Medical Claim Form for Employee		

Section 1: Policy Details

Please fill in the following details about your policy and contact information. Chubb will use this information to help assess your claim.

Policy Number: **N04223822** (UC students traveling on UC-sponsored activities)

N04223810 (UC employees and other non-student UC affiliates who are eligible for benefits)

NOTE – If you enrolled in UC's Personal Travel Insurance or another policy administered by Administrative Concepts, Inc. (ACI) do use the Chubb Claim Portal. File claims using ACI's Claim Portal. You should find information in your enrollment confirmation email.

Are you making this claim on your own behalf? [Yes/No]

If answer "No" to above: Who are you in relation to the Policy Holder? [Options are Broker, Other]

If answer 'Other,' Please describe your role: [Open text]

Please tell us about yourself:

First Name: Middle Name: Last Name:

Email Address: Confirm Email address:

What is your address?

Country: [Select list]

Address Line 1: Address Line 2:

State: City: Zip Code:

Who is the Claimant in relation to the policy? [Options are Employee, Spouse, Dependent, Student, Other Claimant, Volunteer]

If answer "Yes" to above: Who are you in relation to the policy? [Options are Employee, Spouse, Dependent, Student, Other Claimant, Volunteer]

Note: If none of these options apply, please contact Chubb at aceaandhclaims@chubb.com.

Please tell us more about yourself/claimant

First Name: Middle Name: Last Name:

Date of Birth:

Gender: [M/F are only options, and field is required – we are working to get this changed]

Name of Company: **University of California**

School: Enter your Campus, Medical Center, or Unit (LBL, ANR, etc.)

Organization: leave blank

Country: [Select list]

Address Line 1: [Tip: Enter your home address where you would want any eligible reimbursement to be mailed. You will have an option to have the reimbursement sent to a different address later if you wish.]

Address Line 2:

State: [Select list]

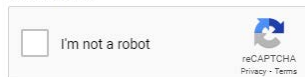
[Click here](#) if you are a California resident. [Links to PDF document with California Consumer Privacy Act “Collection Privacy” notice as well as the Fraud statement for all states, including California (page 4).]

City: Zip Code:

Enter your/claimant’s Email Address: [UC email address preferred]

Please be sure that all the above Policy Holder and Insured information are accurate to the information registered with your policy. TIP: If the insured is a UC student or UC employee, the name on this claim should match what would be found in the campus student registration or human resource database.

Security Check



Check the ‘I’m not a robot’ box.

If answered “Employee” to Who are you in relation to the policy? Please share information about the Employer as well:

Employer Name: University of California, Santa Barbara (for example)

Country: [Select list]

Address Line 1:

Address Line 2:

State: [Select list]

City:

Zip Code:

Manager’s Email = This is who can confirm the travel dates that were UC-affiliated business. [Tip: If you have an email or other document that confirms the UC-business dates, upload it as a supporting document.]

NOTE: The UC Employee business travel policy includes 14 days of ‘personal deviation’ coverage in addition to the business days. If more than 14 days of your trip were for personal travel, know that next time you can buy a UC Personal Travel insurance policy, also known as the ‘Blue and Gold’ or ‘Global Travelers’ policy through the UC travel insurance brokers to insure your entire travel period.

Section 2: Incident Details - Tell Us What Happened

Country of Incident: [Select list]

City of Incident:

Date of Incident: [MM/DD/YYYY]

Describe the Incident: [Open text up to 255 characters] Tip: If you have more explanation than can fit in this space, provide the high-level summary here and then upload the detailed description as a supporting document.

What type of loss are you claiming for? [Select Travel Claims]



What type of loss are you claiming for?

Please select all losses associated with your claim. (Refer to the policy terms and conditions for coverage details).



[Personal property damage/loss/theft](#)



[Medical expenses](#)



[Travel Inconvenience –
Trip cancellation or interruption](#)



[Travel Inconvenience – Trip delay](#)

When you select an icon (above) for the type of claim, you will see a processing screen that will read, “We are updating your claim.” Then it will show the same screen again with your selected icon ‘grayed out.’ When you are done selecting icons for the types of claims you have, scroll all the way to the bottom of the page and click the **orange** ‘Submit’ button.

You can also submit claims for the Accidental Death or Accidental Disability/Dismemberment of an insured through the Chubb Claims Portal, but guidance on submitting those types of claims isn’t provided in this document. If you need help as you go through the portal, contact Chubb at aceaandhclaims@chubb.com.



If you select ‘Personal Property Damage / Loss / Theft’ here is what you will need to complete:

Section 2A Personal Property: Incident Details

Division Code: Leave blank

Location Code: Leave blank

Campus Code: UCSB – enter the same value you entered for ‘School’ previously

Based on the expenses you incurred, what is the total value of your claim?

Claim Amount (please enter the exact amount you wish to claim for in USD):

At this point, most of our customers think about each element of their claim and add them up using a single currency to get an estimated total. If at this point you cannot estimate this amount please enter zero.

Currency : USD-United States Dollar

Have you had any claims with Chubb in the past 2 years? [Options: Yes/No/I don’t know]

What was the purpose of your travel? [Options: Student/Leisure/Business/Volunteer]

Country of Destination: [Select list]

Please provide some details about your travel plans:

Booking Date: [MM/DD/YYYY] NOTE: We need to know when your trip was booked so we can confirm if you are covered.

Scheduled Return Date: [MM/DD/YYYY]

Scheduled Return Time:

Actual Departure Date: [MM/DD/YYYY]


Actual Departure Time:

Actual Return Date: [MM/DD/YYYY]

Actual Return Time:

Was the item damaged, stolen, or lost? [Options: Damaged, Stolen, Lost]

Please provide a list of the stolen items: Click

 Add an Item

Add a new Item

Description of Item: Include as much detail as you can including brand, model #, etc.

Original Purchase Date: [MM/DD/YYYY]

Original Purchase Price: Only enter whole dollar amount (rounded)

Currency: [Select list, defaults to USD-United States Dollar]

Save & Close

Save & Add Another

Cancel

NOTE: You have the ability to Edit or Delete items once you have added them.

Have you received compensation from the airline/carrier? [Yes/No]

Do you have other insurance that would cover this event? [Yes/No] Tip: *If the item was purchased using a credit card, the card company may provide loss insurance. Homeowners and renters insurance also sometimes cover property even if it is away from the domicile.*

Did you file a report with the authorities? [Yes/No]

Section 2B Personal Property: Documentation Upload

There is a 7MB upload limit for all files. Please do not upload any of the following non supported file types - media files (such as MP3 files), all compressed files (such as Zip files), and HTML files (such as saved web pages). If you are using a mobile device, please only upload images.

1. Lost, stolen or damaged luggage - The Covered Person must file a formal claim with the transportation provider and provide us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage. If the luggage is damage we will need proof that the item is beyond use in order to be covered under the policy.
2. Baggage Delay – The Covered Person must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases for essential clothing and toiletries.
3. Personal Property – We require receipts for any item over \$150 showing proof of purchase. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.
4. Police report/incident report (Personal Property)
5. Additional Documents

If you get a '403 Forbidden' error message when uploading a file, you are probably trying to upload an unsupported file type or a file that is too large.

- Supported file types include: PDF, JPG
- Unsupported file types include: PNG

NOTE – Disregard the 'Download supplemental forms' section that appears at the bottom of the Documentation Upload screen. Do not complete a claim form if you will submit your claim through the portal. The form links below are provided if you are having difficulty with the portal and would prefer to fill out a form and email all supporting documents.

- Download [Personal Effects and Baggage Claim Form](#)

Is there anything else Chubb should know about your claim? [Open text field]

Provide additional commentary and information

Go To Section 3: Payee Information



If you select 'Medical Expenses' here is what you will need to complete:

Section 2A Medical Expenses: Incident Details

Division Code: Leave blank

Location Code: Leave blank

Campus Code: UC?? – enter the same value you entered for 'School' previously

Based on the expenses you incurred, what is the total value of your claim?

Claim Amount (please enter the exact amount you wish to claim for in USD)*:

At this point, most of our customers think about each element of their claim and add them up using a single currency to get an estimated total. If at this point you cannot estimate this amount please enter zero.

Currency : [Select list, defaults to USD-United States Dollar]

Have you had any claims with Chubb in the past 2 years? [Yes/No/I don't know]

What was the purpose of your travel? [Student/Leisure/Business/Volunteer]

Country of Destination: [Select list]

Please provide some details about your travel plans:

Booking Date: [MM/DD/YYYY] NOTE: We need to know when your trip was booked so we can confirm if you are covered.

Scheduled Return Date: [MM/DD/YYYY]

Scheduled Return Time:

Actual Departure Date: [MM/DD/YYYY]

Actual Departure Time:

Actual Return Date: [MM/DD/YYYY]

Actual Return Time:

Please provide all relevant incident and claim information:

Did you suffer an injury or an illness? [Injury/Illness/Other]

Did the incident result in hospitalization? [Yes/No]

Have you already received treatment? [Yes/No]

If you answer 'Yes' to above: Please provide the name of your treating physician

First Name:

Last Name:

Please provide the address of your treating physician:

Country: [Select list]

Address Line 1:

Address Line 2:

State: [Select list]

City:

Zip Code:

When did the treatment begin? [MM/DD/YYYY]

When did the treatment end? [MM/DD/YYYY]

What date did the accident occur? [MM/DD/YYYY]

What time did the accident occur?

Please describe where and how the accident occurred: Open text box

Have you suffered from this injury in the past? [Yes/No]

If you answer 'Yes' to above: What is the date you first suffered this injury? [MM/DD/YYYY]

Please provide a list of the medical expenses incurred: Click

 Add an Item

Add a new Item

Expense Description: Indicate whether this expense is for a prescription medication, assessment or treatment by a doctor, physical therapy, a required medical test, etc.

Country Incurred: [Select list]

Date: [MM/DD/YYYY] – the service or purchase date

Amount:

Currency: [Select list, defaults to USD-United States Dollar]

Save & Close

Save & Add Another

Cancel

NOTE: You can Edit or Delete items once you have added them.

Do you have other insurance that would cover this event? [Yes/No]

Please provide the name of the other Insurance Company:

Please provide the Policy Number: *If you do not know the Policy Number, please type "unknown"*

NOTE - UC Travel Insurance is 'primary' for injuries that happen when you are traveling abroad on UC business. If your injury occurred in the US, you should file a claim through the campus 'Workers Comp' policy. Contact your campus Risk Management office for more information.

Section 2B Medical Expense: Documentation Upload

There is a 7MB upload limit for all files. Please do not upload any of the following non supported file types - media files (such as MP3 files), all compressed files (such as Zip files), and HTML files (such as saved web pages). If you are using a mobile device, please only upload images.

1. Itemized bill(s) and receipt(s) from the treating medical provider
2. Prescription Medication– receipt from pharmacy showing the claimant's name, name of medication, dosage and the cost of the medication

3. Additional Documents

If you get a '403 Forbidden' error message when uploading a file, you are probably trying to upload an unsupported file type or a file that is too large.

- Supported file types include: PDF, JPG
- Unsupported file types include: PNG

NOTE – Disregard the 'Download supplemental forms' section that appears at the bottom of the Documentation Upload screen. Do not complete a claim form if you will submit your claim through the portal. The form links below are provided if you are having difficulty with the portal and would prefer to fill out a form and email all supporting documents.

- Download [Medical Claim Form for Employee](#)
- Download [Medical Claim Form for Students](#)

Is there anything else Chubb should know about your claim? [Open text field]

Provide additional commentary and information

Go To Section 3: Payee Information



If you select ‘Travel Inconvenience – Cancellation/Interruption’ here is what you will need to complete:

Section 2A Trip Cancel/Interrupt: Incident Details

Division Code: Leave blank

Location Code: Leave blank

Campus Code: UCSB (for example) – enter the same value you entered for ‘School’ previously

Based on the expenses you incurred, what is the total value of your claim?

Claim Amount (please enter the exact amount you wish to claim for in USD)*:

At this point, most of our customers think about each element of their claim and add them up using a single currency to get an estimated total. If at this point you cannot estimate this amount please enter zero.

Currency : USD-United States Dollar [cannot be changed – all reimbursements are issued in US dollars]

Have you had any claims with Chubb in the past 2 years? [Yes/No/I don’t know]

What was the purpose of your travel? [Student/Leisure/Business/Volunteer]

Country of Destination: [Select list]

Were you aware of any reason at the time this trip was booked that might result in the trip being cancelled, curtailed, rearranged or delayed? [Yes/No]

Please provide some details about your travel plans:

Booking Date: [MM/DD/YYYY] NOTE: We need to know when your trip was booked so we can confirm if you are covered.

Scheduled Departure Date: [MM/DD/YYYY] When did you leave to go on your trip?

Scheduled Arrival Date: [MM/DD/YYYY] When were you due to arrive at your intended destination?

Scheduled Arrival Time:

Scheduled Return Date: [MM/DD/YYYY]

Scheduled Return Time:

Actual Departure Date: [MM/DD/YYYY] NOTE: Leave ‘Actuals’ blank for Trip Cancellation claim

Actual Departure Time:

Actual Return Date: [MM/DD/YYYY]

Actual Return Time:

Did the incident result in cancellation or curtailment? [Options are Cancellation and Curtailment]

What was the reason for cancellation /curtailment? [Options are Family bereavement, Personal Illness or Injury, Catastrophe, Disruption of travel, Home burglarized/home uninhabitable, Redundancy/unemployment, Jury service/subpoena, Other]

Date Trip Cancelled/Interrupted/Delayed: [MM/DD/YYYY]

Country Traveled To: [Select list] NOTE: Enter the country you planned to go to for trip cancellation.

Please describe the reason in more detail: [Open text]

NOTE The travel insurance has a distinct list of covered reasons that caused a trip to be cancelled or curtailed/interrupted to be eligible for the trip cancellation/interruption benefit. If your trip was cancelled for a reason other than what is specifically listed, you will likely *not* be eligible for reimbursement.

Please provide a description of the event: [Open text] If there is any more detail to share other than what you filled in for the 'reason,' provide it here. Otherwise, write N/A.

What was the date of cancellation of the travel bookings? [MM/DD/YYYY]

What is the balance of the full fare?

Currency: [Select list, defaults to USD-United States Dollar]

What was the date that you paid the full fare?

What was the cost of the portion of the trip that was cancelled?

Currency: [Select list, defaults to USD-United States Dollar]

Were any alternative arrangements offered?

If answered "Yes" to above:

Please provide a description of the arrangements. [Open text] NOTE - If the airline allowed any of the flight cost to be used as credit toward future travel, you need to indicate the amount of credit allowed and clarify the amount of any fees that were applied.

Did you accept the arrangements? [Yes/No]

If answer "Yes" to above, What additional fares did you incur?

Currency: [Select list, defaults to USD-United States Dollar]

Have you received compensation from the Airline / Carrier? [Yes/No]

Do you have other insurance that would cover this event? [Yes/No]

Section 2B Trip Cancel/Interrupt: Documentation Upload

There is a 7MB upload limit for all files. Please do not upload any of the following non supported file types - media files (such as MP3 files), all compressed files (such as Zip files), and HTML files (such as saved web pages). If you are using a mobile device, please only upload images.

1. Attending Physician's statement completed by a physician (if reason is Illness/Injury)
2. The amount of the non-refundable amounts paid for the trip (payment receipt, etc.)
3. Any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip
4. Any prepaid, unused, non-refundable airfare and sea or land accommodations
5. Any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable
6. The cost of a one-way economy air and/or ground transportation ticket
7. Additional Documents

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- Supported file types include: PDF, JPG
- Unsupported file types include: PNG

NOTE – Disregard the 'Download supplemental forms' section that appears at the bottom of the Documentation Upload screen. Do not complete a claim form if you will submit your claim through the portal. The form links below are provided if you are having difficulty with the portal and would prefer to fill out a form and email all supporting documents.

- Download [Trip Cancellation/Interruption Claim Form](#)

Is there anything else Chubb should know about your claim? [Open text] Provide additional commentary and information

Go To Section 3: Payee Information



If you select ‘Travel Inconvenience - Delay’ here is what you will need to complete:

Section 2A Trip Delay: Incident Details

Division Code: Leave blank

Location Code: Leave blank

Campus Code: UCSB (for example) – enter the same value you entered for ‘School’ previously

Based on the expenses you incurred, what is the total value of your claim?

Claim Amount (please enter the exact amount you wish to claim for in USD)*:

At this point, most of our customers think about each element of their claim and add them up using a single currency to get an estimated total. If at this point you cannot estimate this amount please enter zero.

Currency : USD-United States Dollar [cannot be changed – all reimbursements are issued in US dollars]

Have you had any claims with Chubb in the past 2 years? [Yes/No/I don’t know]

What was the purpose of your travel? [Student/Leisure/Business/Volunteer]

Country of Destination: [Select list]

Were you aware of any reason at the time this trip was booked that might result in the trip being cancelled, curtailed, rearranged or delayed? [Yes/No]

Please provide some details about your travel plans:

Booking Date: [MM/DD/YYYY] NOTE: We need to know when your trip was booked so we can confirm if you are covered.

Scheduled Departure Date: [MM/DD/YYYY] When did you leave to go on your trip?

Scheduled Arrival Date: [MM/DD/YYYY] When were you due to arrive at your intended destination?

Scheduled Arrival Time:

Scheduled Return Date: [MM/DD/YYYY]

Scheduled Return Time:

Actual Departure Date: [MM/DD/YYYY] NOTE: Leave ‘Actuals’ blank for Trip Cancellation claim

Actual Departure Time:

Actual Return Date: [MM/DD/YYYY]


Actual Return Time:

Please select the incident that caused the travel inconvenience / delay: Options are: Missed departure, Missed connection, Baggage delay, Flight delayed or over booking, Flight diversion, Denied boarding, Other

If answered “Other” to above: Please describe in more details: [Open text]

What was the length of the delay in hours? [Open text]

Please provide a list of expenses incurred (subject to the policy coverage): Click

 Add an Item

Add a new Item

Expense Description: Indicate whether this expense is for a prescription medication, assessment or treatment by a doctor, physical therapy, a required medical test, etc.

Country Incurred: [Select list]

Date: [MM/DD/YYYY] – the service or purchase date

Amount:

Currency: [Select list, defaults to USD-United States Dollar]

Save & Close

Save & Add Another

Cancel

NOTE: You can Edit or Delete items once you have added them.

Have you received compensation from the Airline / Carrier? [Yes/No]

If answered 'Yes' to above, How much compensation did you receive?

Currency: [Select list, defaults to USD-United States Dollar]

Do you have other insurance that would cover this event? [Yes/No]

Section 2B Trip Delay: Documentation Upload

There is a 7MB upload limit for all files. Please do not upload any of the following non supported file types - media files (such as MP3 files), all compressed files (such as Zip files), and HTML files (such as saved web pages). If you are using a mobile device, please only upload images.

1. Proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like.
2. Charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts.
3. Additional Documents

If you get a '403 Forbidden' error message when uploading a file, you are probably trying to upload an unsupported file type or a file that is too large.

- Supported file types include: PDF, JPG
- Unsupported file types include: PNG

NOTE – Disregard the 'Download supplemental forms' section that appears at the bottom of the Documentation Upload screen. Do not complete a claim form if you will submit your claim through the portal. The form links below are provided if you are having difficulty with the portal and would prefer to fill out a form and email all supporting documents.

- Download [Trip Delay Claim Form](#)

Is there anything else Chubb should know about your claim? [Open text] Provide additional commentary and information

Go To Section 3: Payee Information

Section 3: Payee Information Please complete the information below for the claim payment to be made. Please note that your bank or an intermediary bank may withhold fees from EFT transactions.

Method of Payment: [Electronic Funds Transfer (EFT)/USD Check]

Account Holder:

Make sure that the Account Holder Name is the name you wish to see on the check OR the Account Holder Name is correct as per bank account.

If you selected 'EFT' above, fill out the following information about your account.

Country of Financial Institution: [Select list]

Currency: [Select list, defaults to USD-United States Dollar]

Account Number:

SWIFT Code: Only foreign banks have these, US banks do not.

Bank Name:

Bank Address: Country [Select list, defaults to United States]

Bank Address Line 1:

Bank Address Line 2:

Bank City:

Bank Zip Code:

Other Relevant Codes for your Financial Institutions: *Enter your bank's 'Routing number,' which is the code that appears on the check adjacent (usually before) the account number.*

If you selected 'USD Check' above, you will have the option of having the check sent to the home address you previously entered, or, you can select 'Other' and complete the following:

Where should the check be posted to?

Country: [Select list]

Address Line 1: This is important if some of your reimbursement will be sent directly to a UC department to reimburse costs they covered on your behalf. Contact the appropriate department administrator to determine who the reimbursement check should be mailed to and at what address.

Address Line 2: Include a 'care of' name in the address lines, so the reimbursement check is routed properly

State: [Select list]

City:

Post Code:

Contact Detail:

Who will be the point of contact for this claim? Defaults to the Employee name, if that is what

Email:

Confirm Email:

Please provide the best contact phone number. If you choose a mobile number, you can receive automatic status updates on your claim via SMS.

Phone Type: [Mobile/Home Phone/Work Phone]

Phone Number: [Country Code drop-down, defaults to +1], then Open field for phone number entry (no symbols)

Confirm Phone Number: [Country Code drop-down, defaults to +1], then Open field for phone number entry (no symbols)

What is your preferred method of contact? [Email/Post]

Section 4: Review Claim Summary

[Expand All Sections](#) [Collapse All Sections](#)

Please note that the 'Edit Original' link will take you to the section that may require editing. To ensure that the rest of the claim is reflective of any changes made, it is important you click through and recheck each following section of the claim before you submit.

Review all information in this section and make changes as necessary.

Section 5: Declaration for Travel Claims – Clicking ‘Confirm’ submits your claim

By clicking the ‘I Accept’ box below, you confirm and agree to the following:

Authorization and Assignment of Benefits

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person’s hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that I or my authorized representative may request a copy of this authorization.

I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Fraud Warning for California - Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

☐ I accept the above declaration for Travel Claims - Medical Expenses

Confirm

Clicking ‘Confirm’ will submit your claim.

Thank you for submitting your claim.

Although Chubb is not able to provide a claim number at this time, your claim has been successfully submitted. Chubb will begin reviewing your claim shortly. You will receive an email with your claim information and a PDF attachment of all information that you have just entered. Please review the PDF in its entirety to ensure the accuracy of the information. If you do not receive this email within 24 hours, please contact us at ACEAandHClaims@chubb.com. Call Us at +1-800-336-0627.

NOTE – You must complete all necessary sections of a claim and click ‘Confirm’ to the claim declaration for a claim to be submitted. This must be done in one sitting, as progress will not be saved if you leave it undone and the system logs you out due to inactivity. You will receive the below notification just before you are logged out of the system.

