

**CHUBB®**

## **Accidental Injury**

**(To be used for all claims involving accidental dismemberment; loss of sight, hearing, or use; paralysis; coma; in-hospital benefit; and disability)**

### **HOW TO FILE A CLAIM**

- 1. Complete all items on the attached claim form.**
- 2. Attach the following documents (as applicable):**
  - Fully completed Attending Physician Statement (Required for all claims)**
  - Copies of all police reports, newspaper articles, etc. describing accident**
  - Copies of any additional documents that support your claim**
  - Copy of itemized hospital bill (In-Hospital Benefit only)**
- 3. Send the completed and signed claim form and all required documents to:**

**P.O. Box 4000  
Collegeville, PA 19426-9000  
Phone: (610) 293-9229  
Fax: (610) 293-9299  
*www.acitpa.com***

- 4. Retain a copy for your records.**

**YOU WILL BE CONTACTED BY A CLAIM ADJUSTER IF ADDITIONAL  
INFORMATION OR DOCUMENTATION IS REQUIRED.**

**IF YOU HAVE ANY CLAIM RELATED QUESTIONS PLEASE  
CALL CHUBB AT 1-800-CLAIMS-0 (1-800-252-4670)**



MAIL TO:  
 P.O. Box 4000  
 Collegeville, PA 19426-9000  
 Phone: (610) 293-9229  
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 www.acitpa.com

Insurance Policy No. 9907-08-33 Americans for Financial Security (AFS)

**Accidental Injury Claim  
 Claimant's Statement**

**INSURED INFORMATION** (Please print – Attach separate sheet if additional space required)

Insured's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_

Insured's Address \_\_\_\_\_ Phone No. (H) \_\_\_\_\_  
 \_\_\_\_\_ Phone No. (W) \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Policy Number (Required) \_\_\_\_\_ Insured's Occupation \_\_\_\_\_

Did the insured have any other insurance? \_\_\_\_\_ If yes, please list all companies, type of insurance, policy numbers and insurance amounts: \_\_\_\_\_  
 \_\_\_\_\_

**CLAIM INFORMATION**

Date of accident \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time and place accident occurred \_\_\_\_\_

Please describe in detail the circumstances of accident (attach separate sheet if needed): \_\_\_\_\_  
 \_\_\_\_\_

Was the accident related to the Insured's occupation? \_\_\_\_\_ If so, how? \_\_\_\_\_

Please describe the nature of Insured's injuries: \_\_\_\_\_

Please list the names and addresses of all treating physicians and hospitals: \_\_\_\_\_  
 \_\_\_\_\_

Did police or other authorities investigate the accident? \_\_\_\_\_ If yes, please provide name, address and telephone number of all investigating officers and agencies: \_\_\_\_\_

**CLAIMANT INFORMATION (If different than "Insured Information" above)**

Claimant's Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Claimant's Address \_\_\_\_\_ Phone No. (H) \_\_\_\_\_  
 \_\_\_\_\_ Phone No. (W) \_\_\_\_\_

In what capacity are you making this claim? \_\_\_\_\_

**AUTHORIZATION**

I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by the Chubb Group of Insurance Companies, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNED (Claimant or authorized person) \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## IMPORTANT NOTICE

**Notice of Alabama Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Notice to Alaska Claimants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Notice to Arizona Claimants:** For your protection, Arizona law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Notice to Arkansas Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to California Claimants:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Claimants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Claimants: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Delaware Claimants:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Notice to Florida Claimants WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Idaho Claimants:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section.

**Notice to Indiana Claimants:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Notice to Kentucky Claimants:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice of Louisiana Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Maine Claimants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Maryland Claimants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Minnesota Claimants:** A person who files a claim with intent to defraud or helps commits a fraud against an insurer is guilty of a crime.

**Notice to New Hampshire Claimants:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Notice to New Jersey Claimants:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Notice to New Mexico Claimants:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Notice to New York Claimants Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Claimants:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Claimants: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Claimants WARNING:** Any person who, knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

**Notice to Pennsylvania Claimants Fraud Warning:** Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Rhode Island Claimants WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice of Tennessee Claimants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Notice to Virginia Claimants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice of Washington Claimants:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Notice of West Virginia Claimants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Claimants in all other states:** Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

It is important to note that CHUBB North American Claims and the Accident & Health Division reserves its right to make changes to this language and may require additional fraud warnings incorporated onto the claim forms in the future.