

Chubb Insurance Company San Juan, PR 009
33 Resolucion STE 500 T 787-274-4700
San Juan, PR 00920 T 1-787-758-698

P.O. Box 191249 San Juan, PR 00919-1249 T 1-787-758-6989

Flight Delay Claim Form

As a result of the fli	ght delay number		, occurred on (date
mm/dd/yyyy)	, with t	the airline	, occurred on (date , due to
the reason of		, I am encl	osing the following
documentation: (W	'e reserve the right to reques	t additional do	ocumentation if necessary)
	aint: Explaining the reason or	cause of the o	cancellation or interruption of th
trip.			
due to the flight de		aging, and tran	sportation expenses incurred
☐ Copy of a valid	photo identification of the ir	sured, issued	by a government entity with
authority to issue i	t (front and back): If you are	a citizen of the	e United States of America,
identification issued	d by both the federal governi	ment and any	of its jurisdictions will be
accepted. If you are	not a citizen of the United S	tates of Ameri	ca, only a valid national passport
will be accepted.			
☐ Copy of the airli incident date.	ne-issued document: Indicat	ting the reasor	for the delay, flight number, an
	count: Must reflect the char	go for the pure	hase of the airline ticket
□ Statement of ac	count: Must reflect the char	ge for the purc	riase of the affilie ticket.
Name			
Postal Address			
Residential			
Address			
Birth Date (m-d-y)		Policy Number	
Phone Number		Email	
Chubb Insurance Co	n by fax to 787-758-6989, or	ox 191249, Sar	n Juan, PR 00919-1249. You can uertorico-
The information red	quested is required to proces	s your claim. C	claims that do not meet all the
documentation wil	I not be accepted.	•	
Article 27.320-Notio	ce of the Insurance Commiss	ioner	
			
	.	•	esents false information in an
	•	•	esented a fraudulent claim for
			one claim for the same damage
			e punished for each violation
		• •	more than ten thousand dollars
		· · ·	or both. If there are aggravating kimum of five (5) years; if there
	mstances, it may be reduced	•	
	formation provided by me o		
-			
Signature		 Date	
(or legal representative)		(mm-do	d-yyyy)