

# Instructions for filing Accident and Sickness claims

To ensure your claim is processed efficiently, please follow the steps outlined below. Complete all relevant sections of the form and attach any medical documents you have. Did you know you can file a claim online for faster service? Visit our website at [www.combined.ca](http://www.combined.ca). For any questions, please contact us at **1-888-234-4466**.

## Claimant's statement (to be completed by the claimant and employer)

- **Personal information:** Provide your full name and address. All payments and correspondence will be sent to this address unless directed otherwise
- **Policy numbers:** List all policy numbers associated with this claim (including family policies)
- **Medical details:**
  - **For sickness:** Describe your symptoms and date of diagnosis
  - **For injury:** Provide details of the accident that caused the injury and date of accident
- **Supporting documents:** Include reports to support your loss, such as outpatient surgery records, X-ray reports, police report and motor vehicle accident report. **If claiming for cancer, the pathology report is required**
- **Hospital details:**
  - Have the hospital's Health Records department complete the "Record of Hospital Care" form with admittance and discharge dates, hospital unit, diagnosis and hospital stamp
  - Obtain confirmation of admission from each hospital if you were admitted to multiple facilities
- **Ambulance:** Please provide the invoice. (**Note:** if you are only claiming this benefit, the Attending Physician's Statement or hospital records will also be required)
- **Disability information:** Specify the exact dates of partial and/or total disability (refer to your policy or policies for the definitions)
  - **Unemployed/retired:** Describe your daily activities prior to your disability
- **Employment confirmation:**
  - **Employees:** Have your employer confirm your absence due to disability (P5)
  - **Self-employed:** State the nature of your occupation and daily duties
- If you are claiming under an accident or sickness disability policy within 2 years of the policy effective date/reinstatement date, please provide the following documentation:
  - **Self-employed:** Notice of Assessment (NOA) for the most recent fiscal year
  - **Employed:** The two most recent pay stubs prior to the start of the disability period

**Authorization:** Sign and date the authorizations (pages 2 and 4) to allow us to obtain additional information if needed.

(**Note:** If your loss occurred within 2 years of the policy effective date/reinstatement date, we may require additional medical information which will delay the processing of your claim).

**If you have an Income Guard policy, complete section 5.**

---

## Attending physician's statement (to be completed by your treating physician)

**Diagnosis and treatment:** Include the diagnosis, date of diagnosis, origin/cause of condition, and treatment dates.

- **Outpatient:** Provide the date of service and treatment type
- **Inpatient:** Provide hospital confirmation with admittance and discharge dates

Clearly indicate the disability dates. Clearly indicate the restrictions and limitations. Provide the full address and phone number of the treating physician, and the family physician.

**You should keep a copy of both sides of the claim form, including the date sent, for your records.**

---

**Combined Insurance Company of America, Claims Department, P.O.Box 3720 MIP, Markham, ON L3R 0X5**

**Fax: 905-754-4362**

**Email: [canadian\\_claims\\_department@chubb.com](mailto:canadian_claims_department@chubb.com)**

**Online portal: [my.combinedinsurance.com/en-CA/login](http://my.combinedinsurance.com/en-CA/login)**

If you would like to give your agent authorization to obtain information on your claim and/or policies, please complete the "Authorization to disclose information to my insurance agent" form found on our website [www.combined.ca](http://www.combined.ca).