

Worldwide Travel

Claim Form

Important information

Prior to submitting your claim please complete the relevant sections of this Claim Form.

This first page must be completed for all claims.

The Chubb Claim Privacy Consent, Medical Authority and Declaration (see last page) must be completed for all claims.

The supporting documentation required for your claims is detailed below each section.

If your claim is for:

- Overseas Medical and Dental Expenses also complete Section 1
- Additional Expenses also complete Section 2/3
- Loss of Deposits/Cancellation Charges also complete Section 2/3
- Luggage and Travel Documents also complete Section 4/5
- Replacement of Money also complete Section 5
- Rental Vehicle Excess also complete Section 6
- Travel Delay also complete Section 7
- Cash in Hospital also complete Section 8
- Personal Liability also complete Section 9
- Accidental Loss of Life or Permanent Loss also complete Section 10
- Credit Card Balance also complete Section 11
- Legal Expenses also complete Section 12

The issue and acceptance of this form does not constitute an admission of liability by the Chubb Insurance Australia Limited or a waiver of its rights.

Please note that your Policy may not provide cover under all sections of this Claim Form. Please consider the benefits, terms, conditions and exclusions of your Policy prior to completing this Claim Form.

Policy and Claimant Details

Name of Insured						Policy Number	
Name of Claimant							
Claimant's date of birth							
Address	Unit/House number/Street						
	Suburb		State		Postcode		
Telephone home		Business				Mobile	
Email address							
Travel agent				Date of booking travel arrangements			
Country of Destination							
Date of departure				Date of return			

Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by Chubb:

a) For Cheque Payment:	Payee Name (will appear exactly in the cheque)						
b) For Electronic Funds Transfer*:							
Account name							
Name of financial institution							
BSB/Branch code number				Account number			

GST Information (For Australian Claims Only)

(a) Are you registered for GST Purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) What is your Australian Business Number (ABN)?	
(c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) If Yes, what percentage of the GST did you claim or are you entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)	%

Section 1: Overseas Medical And Dental Expenses

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness, e.g., a doctor's certificate or statement
3. Any document that shows proof of cost, e.g., a doctor's invoice or receipt

***Failure to provide these documents may result in processing delays.**

Type of accidental injury or sickness or disease

Date of accident or commencement of sickness

If injury - please give full details of accident

Date of first medical consultation

Name of doctor or hospital

List details of any other treatment by doctors or hospitals

Dates in hospital

Date admitted

Time admitted

Date discharged

Time discharged

List the overseas countries and the currencies where you incurred the medical costs

Country		Currency		Total Amount	\$
Country		Currency		Total Amount	\$
Country		Currency		Total Amount	\$

Have you ever suffered from the same or similar complaint in the past?

Yes No

If Yes, please provide details, dates and names of treating doctors

Name, address and contact details of usual doctor

Doctor

Address

Phone Number

How long has the doctor been known to the patient?

Itemise the expenses incurred overseas

Name and Address of Medical Provider	Nature of Injury/Sickness and Treatment	Currency	Amount

Are these expenses recoverable from any other source? Yes No

If Yes, please provide details and the amount

Section 2/3: Additional Expenses, Loss of Deposits and Cancellation Charges

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has been booked, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

***Failure to provide these documents may result in processing delays.**

What was the reason you could not commence or complete your proposed journey?

Was the cancellation as a result of injury/sickness to yourself? Yes No

Was the cancellation as a result of injury/sickness to some other relative or person as defined in the Policy? Yes No

If Yes - Name			
Address			
Relationship		Age	

What was the nature of complaint preventing travel?

Date of first medical treatment		Has the injured/sick person had a similar condition in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, name and address of patient's normal doctor?

Date of cancellation of travel bookings			
Amount of deposit paid and date paid	\$	Date	
Balance of full fare and date paid	\$	Date	
Value of forfeited portion of journey (if applicable)	\$		

Have you attempted to obtain a refund? Yes No

Name of organisation (e.g. airline, travel agents, etc)	
Contact phone number	
Email Address	

Refund received on cancellation		Full amount being claimed	
Were any alternative arrangements offered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details			
Did you accept any of these alternative travel arrangements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what additional fares did you incur as a result of these arrangements?			

Section 4/5: Luggage, Travel Documents and Replacement Of Money

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft

***Failure to provide these documents may result in processing delays.**

Please provide details of how losses, damages or thefts occurred:

Date of loss/damage/theft		Time	
Date of loss/damage/theft		Time	
Date of loss/damage/theft		Time	
Loss/damage/theft reported to - (police, transport provider or other authority)			
Were the articles lost/damaged by a carrier? (e.g. airline)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name of carrier			

Have you lodged a claim or complaint to any carrier/airline or other authority or against any individual responsible for the loss or damage to your property? If yes, give name and reference number

Name	Reference Number

If no, you should proceed to claim with your airline/carrier before submitting your claim to Chubb

If the items were lost, what action was taken to recover them?

Are any of the items covered by other insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes - which company		Policy Number	
Were all the missing articles owned by you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please provide details			

Description of Damaged/Lost/Stolen Items	Name and Address From Whom Goods Were Purchased	Date of Purchase	Original Purchase Price	Depreciation Deduction	Amount Received From Other Source	Amount Claimed

Section 6: Rental Vehicle Excess

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates that the car was hired, e.g., vehicle rental agreement
3. Any document that shows proof of cost, e.g., quote or invoice for repairs

***Failure to provide these documents may result in processing delays.**

Date of collision or theft	
Amount of excess	\$

Please provide a full description of the circumstances of the incident giving rise to this claim

Section 7: Travel Delay

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Notification from the transport carrier confirming the reason for the delay
3. Proof of additional expenses, e.g., receipt/invoice

***Failure to provide these documents may result in processing delays.**

Scheduled flight or other transport no.		Departure airport or station	
Scheduled departure time		Actual departure time	
Alternative onward flight or other transport no.		Date and departure time	
Date(s) expenses incurred			

List the country and the currency of the country in which you incurred the costs

Country:		Currency:	
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List specifically the additional expenses

Details	Country Incurred	Currency	Amount	Date Incurred

Section 8: Cash In Hospital

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness or sickness, e.g., a doctor's certificate or statement
3. Any document that shows proof of confinement to hospital

***Failure to provide these documents may result in processing delays.**

Type of injury or sickness

Date of accident or commencement of sickness

If injury - please give full details of accident

Name of hospital

Dates in hospital

Date admitted

Time admitted

Date discharged

Time discharged

In what country and currency did you incur medical cost?

Country

Currency

Total Amount

\$

Section 9: Personal Liability

The following documents are required for us to process your claim:

1. Letters or Demands of a claim made against you

***Failure to provide these documents may result in processing delays.**

Is the claim for bodily injury or death?

Yes No

If Yes, Name of injured or deceased party

Address of injured or deceased party

Details of injury or death

If No, List of damaged property

Name of person claiming against you

Address of person claiming against you

Is the injury or damage related to a travelling companion?

Yes No

If YES, please provide details

Have you in any way admitted liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	

Do you consider yourself at fault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why or why not?	

Section 10: Accidental Loss of Life and Permanent Loss

The following documents are required for us to process your claim:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Doctor's statement in the event of a permanent loss of limb(s) or sight
5. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass

***Failure to provide these documents may result in processing delays.**

What was the cause of accidental injury or death?

When did the accidental injury occur?	Date	Time
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In the event of accidental loss of life, was a coronial inquest held or is one to be held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please give details

Name and address of attending doctor

How long had the doctor been known to the injured or deceased?

Section 11: Credit Card Balance

The following documents are required for us to process your claim:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Credit card statement showing the outstanding balance of any relevant charge or credit card at the time of the accidental injury resulting in death

***Failure to provide these documents may result in processing delays.**

Outstanding balance at the time of accidental injury giving rise to the accidental loss of life?	\$
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Section 12: Legal Expenses

The following documents are required for us to process your claim:

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's depositions and findings (if applicable) in the event of loss of life
4. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Evidence that you are a beneficiary of the estate
6. Any report relating to the accident prepared by the police or other authority

***Failure to provide these documents may result in processing delays.**

If it is your intention to claim under this section of the policy, who do you think is responsible for the accidental loss of life or accidental injury?

Why do you think that party is responsible?

Have you engaged legal counsel?

Yes No

If Yes, who have you engaged?

Chubb Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. Chubb collects, uses and handles your personal information only in accordance with the Privacy Act 1988 (Cth) (Privacy Act). A copy of our Privacy Policy is available on our website at www.chubb.com/au or by contacting our customer relations team on 1800 815 675.

Your personal information will be used by Chubb, or any third party that Chubb provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information may include:

- (a) any information provided in relation to your claim;
- (b) any information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your Health Insurance claims history, including Medicare;
- (c) any other personal information that you may provide to Chubb or its third party contractors;
- (d) any information relating to any insurance policy on your life, including terms and conditions and claims history;
- (e) details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time); and
- (f) any other information relating to your income, assets, liabilities and solvency; and
- (g) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

To assess and process your claim Chubb may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example, social security agencies or taxation offices), your doctor or other health service provider, any forensic accountant or investigator retained by Chubb, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the 'Parties').

Chubb may disclose your personal information, including health and sensitive information, to other entities within the Chubb Group, other insurers, our reinsurers or third parties, including contractors and contracted service providers (such as assessors or investigators) who we, or those other Chubb Group entities, have engaged to provide a specific service. Those entities may be located overseas, for example the regional head offices of Chubb in Singapore, UK or USA or third parties with whom we or those other Chubb Group entities have subcontracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA).

Chubb may also disclose your personal information to witnesses in respect to your claim and to government agencies including the police (where we are compelled to by law).

If you do not consent to the terms of this Privacy Consent and Medical Authority or revoke your consent, Chubb may not be able to process or assess your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

Medical Authority and Declaration

I understand that by investigating my claim or by accepting proofs of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb's privacy officer.

I authorise any person or entity, including but not limited to the Parties referred to above, to provide to Chubb such personal information (including health information) as Chubb in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to Chubb in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint Chubb to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Claimant	
Name of Claimant	
Date	
Signature of Witness	
Name of Witness	
Date	

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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