



PeopleSure for Corporate Travel Insurance - Claim Form

Post: PO Box 20336, World Square Post Office, NSW Australia 2002
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YOUR DETAILS

Name of your employer:					
Policy No:					
Your name:					
Your position:	CEO/CFO/COO	Director	Company/Secretary	Employee	
	Spouse	Contractor	Dependant Child		
If none of the above positions, please specify:					
Your Title:	Dr	Mr	Mrs	Ms	Miss
Date of birth:					
Should we need to contact you to help us process your claim please provide contact details:					
Phone No:		Mobile No:		Email:	

TRAVEL INFORMATION

Date of departure:		Date of return / expected return:	
Reason for travel:	Business / Work Related	Holiday	Combination
		Other	
If other, please specify:			
Departure country:		Departure city:	
Destination country:		Destination city:	

OTHER INSURANCE

Did you pay for your trip on a Credit Card?	Yes	No
If yes, please provide the Bank name and card type (eg, Visa Gold or Platinum, etc):		
Do you have Home & Contents Insurance?	Yes	No
If yes, please provide the Insurer Name & Policy No:		

INCIDENT DETAILS

Date of event (accident / damage / theft / loss / injury / illness):			
Country of event:		City of event:	
Please describe how the accident / damage / theft / loss / injury / illness occurred:			
Was the incident reported to Police or any other authority?	Yes	No	
Police / Authority Report No:			
Has Customer Care been contacted?	Yes	No	

DELAYED LUGGAGE CLAIM

Date your flight arrived:		Date your luggage arrived:	
How long was your luggage delayed for?		No. of hours:	No. of days:
Essential items purchased e.g. shoes		Currency e.g. USD	Amount paid \$ AUD
Total amount claimed AUD \$			

LUGGAGE, PERSONAL EFFECTS & MONEY CLAIM

Have you submitted a claim for compensation for lost luggage from the transport provider (e.g. Airline)? (You need to claim compensation from the transport provider, e.g. Airline, in the first instance before submitting your claim to us – for luggage lost by transport provider)	Yes	No
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CLAIM AMOUNT

Item <i>e.g. iPad Mini, Model A1432</i>	Age <i>e.g. 1 year</i>	Employer owned <input type="checkbox"/>	Personal item <input checked="" type="checkbox"/>	Currency <i>e.g. USD</i>	Replacement amount AUD \$
Less amount paid in compensation by transport provider or other insurer (if applicable) \$					-
Total amount claimed AUD \$					

ADDITIONAL EXPENSES CLAIM

Reason for additional expenses:			
Additional expense item <i>e.g. Hotel, London</i>	Date expense incurred	Currency <i>e.g. USD</i>	Amount paid \$ AUD
Less amount compensated by airline (if applicable)			-
Total amount claimed AUD \$			

TRAVEL AMENDMENT OR CANCELLATION CLAIM

Date travel amended or cancelled:		Date you were due to depart:				
Reason for amendment or cancellation:						
How was your itinerary amended?						
Airfares (Please state airline)	Accommodation (Please state service provider)	Currency e.g. USD	Amount paid AUD \$	Refund amount AUD \$	Amendment cost AUD \$	Cancellation cost AUD \$
Subtotal amount AUD \$						
Total amount claimed AUD \$						

RENTAL VEHICLE EXCESS CLAIM

Is this claim a result of collision, theft or damage to a rental vehicle?	Yes	No
Was the vehicle rented from a licensed rental agency?	Yes	No
Please describe how the accident / damage / theft occurred:		

CLAIM AMOUNT

Excess amount you were liable to pay the rental company:	
Amount you are claiming AUD \$:	

MEDICAL EXPENSES CLAIM

INJURY / ILLNESS / SICKNESS OR DISEASE DETAILS

Describe the injury / illness / sickness or disease:	
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CLAIM DETAILS

Date expense incurred	Describe medical services or supplies furnished	Currency e.g. USD	Amount \$ AUD
Total amount claimed AUD \$			

PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance?	Yes	No
If yes, please provide details (e.g fund name, Policy No):		
Have you lodged a claim with your fund for any Australian or overseas medical expenses?	Yes	No
If yes, please provide claim and rebate details (including a fund statement):		

SUPPORTING DOCUMENTATION REQUIRED

Please attach the following documentation for the sections you have completed on this form.

Delayed Luggage / Luggage, Personal Effects & Money / Additional Expenses Sections

- Proof of Ownership of lost / damaged / stolen items (invoices, receipts)
- Police / airline report or event number (where available)
- Response from transport provider after claim for lost / delayed luggage (where applicable)
- Medical certificate or letter from physician / doctor confirming reason for additional expense (where applicable)

Travel Cancellation Section

- Travel receipts / accounts / letter from travel agent
- Medical certificate or letter from physician or doctor confirming reason for amendment or cancellation (if applicable)

Rental Vehicle Section

- Rental agreement showing the excess amount you were liable to pay
- Police report or police event number (where available)
- Repair invoice / quote

Medical Expense Section

- Medical certificate and reports
- Original medical receipts

CLAIM PAYMENT DETAILS – ELECTRONIC FUNDS TRANSFER

For fast payment of claims please provide your bank details below:

Name of bank:			
Account name:			
BSB:		Account No:	
For international payment the Bank Swift Code:			
Bank address:			
If paying into overseas bank, what currency is the account in, e.g. USD:			
GST			
If any part of this claim relates to a business expense please confirm the ABN:			

AUTHORITY TO GIVE INFORMATION (TO BE SIGNED BY THE CLAIMANT)

I/we hereby authorise any doctor or medical attendant who has treated me or examined me or any person or firm who employs or has employed me to give the insurer such information as it may require regarding any injury or illness to me or my physical or mental condition or prognosis, or my employment, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were original.

Your Signature: _____

Date: _____

Note:	The issuing or the receipt of this claim form is not to be construed as an admission of liability on the part of Chubb Insurance Company of Australia Limited
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CLAIMS DECLARATION AND CONSENT

Provision of Health Insurance

Chubb cannot provide cover or benefits under Medicare or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any successor legislation.

Your Privacy

In the course of providing insurance and processing insurance claims, we need to collect Personal and Sensitive Information as defined in Privacy Act 1988 (the Act) about persons that we insure and persons associated with persons we insure. In accordance with the Act our privacy policy contains the information required to be given to persons about whom we collect Personal and Sensitive Information and how you may access your personal or sensitive information held by us.

Your Access to Your Personal and Sensitive Information

You can request access to Personal and Sensitive Information, which we hold about you. Your rights to access and our rights to refuse access are set out in the Act. You have a right to access any personal or sensitive information we hold about you on written request, unless one or more of the exceptions to the APPs apply.

Our Use of Personal and Sensitive Information

We may at any time use Personal and Sensitive Information we collect about you to provide a quotation or assess a proposal for insurance, to provide, amend or renew an insurance policy and to respond to a claim.

Our Disclosure of Personal and Sensitive Information

We may at any time disclose Personal and Sensitive Information we collect about you to the following types of organisations (some of which may be outside Australia). These include re-insurers; external valuers and appraisers; loss adjustors and other investigators; professional advisers, such as accountants and lawyers; and other organisations that provide services to us in relation to the provision of insurance. To assist us in providing insurance services to You, We may transfer Personal and Sensitive Information overseas to the types of organisations listed above in Canada, China, Hong Kong, India, Singapore, Thailand, the United Kingdom and the United States of America. Where we do so, we take reasonable steps to ensure it is kept confidential.

Consent

You consent and authorise us to collect, use, store and disclose personal or sensitive information provided either directly by you or your representative or agent in accordance with the Act. Where personal information is provided to us by a person, other than yourself, you agree that all necessary consents to collect, use, store and disclose that personal or sensitive information to us have been made or given. Our privacy policy is readily available on our website www.chubbinsurance.com.au. Alternatively, please contact us if you would like a copy.

Declaration

I/We do hereby declare that the foregoing answers are true and correct. I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim could be forfeited.

Your Signature:

Date:

Branch Offices

Brisbane Level 13, 40 Creek Street, Brisbane, QLD 4000 Phone: 07-3227 5777
Melbourne Level 14, 330 Collins Street, Melbourne, VIC 3000 Phone: 03-9242 5111
Perth Level 1, 225 St George's Terrace, Perth, WA 6000 Phone: 08-6211 7777
Sydney Citigroup Centre, Level 29, 2 Park Street, Sydney, NSW 2000 Phone: 02-9273 0100



www.chubbinsurance.com.au

Chubb Insurance Company of Australia Limited

ABN 69 003 710 647 AFS Licence Number 239778

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