

Chubb 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 Insurance New Zealand Limited 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 4/5
- Rental Vehicle Excess also complete Section 6
- Accommodation/Flight 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 New Zealand 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.

It is important you provide honest, complete, up-to-date and relevant information when completing this 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		
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 on the cheque)		
b) For Electronic Funds Transfer:			
Account Name			Name of Financial Institution
Branch Code Number			Account Number
Bank Swift Code			

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 copy of your full confirmed itinerary
2. Any document that shows proof of illness, e.g., a doctor's full medical report, including hospital reports, scans and x-ray results
3. Any document that shows proof of cost, e.g., a doctor's invoice/itemised receipt

* Please note: 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			
Please give full details of the event giving rise to the claim			
Date of first medical consultation		Name of doctor or hospital	
List details of any other treatment by doctors or hospitals and provide their details (postal address/phone/email)			

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details, dates & 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/disease and treatment	Currency	Amount

Are these expenses recoverable from any other source? (i.e. private health insurance, ACC, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If YES, please provide details and the amount	
---	--

Was Chubb assistance activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details
---------------------------------	---

Date		Reference Number	
------	--	------------------	--

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 occurred, e.g., a copy of your full confirmed itinerary
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a detailed medical report if on medical grounds
3. Any other documents that adequately support the amount claimed, including a full copy of booking terms and conditions

* Please note: 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/disease to yourself? Yes No

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

If YES - Name

Address

Relationship

Age

What was the nature of condition preventing travel?

Date of first medical treatment

Has the injured/sick person had a similar condition in the past?

Yes No

If YES, name and address of patient's normal doctor?

Date of bookings

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)

\$

Additional costs incurred for all amended bookings

\$

Date

Have you attempted to obtain a refund?

Yes No

If YES - Name of organisation (e.g. airline, travel agents, etc)

Contact phone number

Email address

Refund received on cancellation

\$

Full amount being claimed

\$

NB: Written confirmation/evidence of the cancellation fees incurred/refunds received must be provided to support the claim. If you have not yet applied for a refund, please do so and provide evidence of the outcome. Please note: your claim will not proceed without this evidence.

Were any alternative arrangements offered?

Yes No If YES, please provide details

Did you accept any of these alternative travel arrangements?

Yes 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 copy of your full confirmed itinerary
2. Any document that demonstrates proof of ownership for items over \$500 in value
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft/loss
5. Carrier's report for deprivation and/or total loss
6. For loss of money, evidence of withdrawal, currency conversion and the like should be provided

***Please note: 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 must be reported to police, transport provider or other authority Reference No.

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? Yes No

If YES - which company Policy Number

Were all the missing articles owned by you? Yes No

If not, please provide details of who the items belong to and reason they were in your possession and why you are claiming.

Does the owner have insurance to cover the items? Yes No

If YES, have they lodged a claim with their insurer? Yes No

Please provide details. If not claimed, please advise reasons.

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 7: Additional Travel/Accommodation Expenses Due to Transport Delays

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

1. Any document that satisfies us that travel has occurred, e.g., a copy of your full confirmed itinerary
2. Notification from the airline or transport carrier confirming the reason for and duration of the delay
3. Proof of additional expenses, e.g., itemised receipts/invoices

***Please note: 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:	
----------	--	-----------	--

List specifically the additional ACCOMMODATION expenses:

Details	Country Incurred	Currency	Amount	Date Incurred

List specifically any other expenses (e.g. restaurant meals, refreshments):

Details	Country Incurred	Currency	Amount	Date Incurred

Number of insured persons affected by the delay	
---	--

(For any loss of deposits on prearranged bookings affected by the delay, please also complete Section 2/3. Please note: policy terms and conditions will be taken into consideration when assessing these losses.)

Section 8: Cash in Hospital

This section will be assessed in conjunction with the medical section.

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

1. Any document that satisfies us that travel has occurred, e.g., a copy of your full confirmed itinerary
2. Any document that shows proof of illness or sickness, e.g., a doctor's medical report, hospital admission and discharge summary
3. Any document that shows proof of confinement to bed in excess of 48 hours

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

Type of injury or sickness	
----------------------------	--

Date of accident or commencement of sickness	
--	--

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

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

Date and time of the damage or injury		at		am/pm
---------------------------------------	--	----	--	-------

Place where the damage or injury occurred	
---	--

State in full detail how the damage or injury happened. (Attach any relevant documentation)

In your opinion, who was responsible for the damage or injury? (Give reasons)

State details of damage or injury to third parties

Name:	
-------	--

Address:	
----------	--

Estimated cost of damage:	\$
---------------------------	----

Description and extent of damage or injury:	
---	--

Have you received, or do you anticipate receiving, notice of any claim from or on behalf of third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If YES, please provide full details

Have you made any admission of liability or any statement concerning liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If YES, please provide full details

Give names, addresses and telephone numbers of any witnesses to the damage or injury

Is there any further information you wish to add?

Section 10: Accidental Loss of Life and Permanent Disability

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

1. A certified copy of the final death certificate in the event of loss of life
2. A full copy of the Post Mortem and Toxicology reports 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 reports in the event of permanent disability, including any occupational assessments
5. Any document that satisfies us that travel has occurred, e.g., a copy of your full confirmed itinerary

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

We reserve our right to request any other information or documentation we deem necessary to assist us in assessing your claim.

What was the cause of the accidental injury or death?

When and where did the accidental injury occur?	Date	Time
---	------	------

Location		
----------	--	--

In the event of accidental loss of life, was a coronial inquest held or is one to be held?

Yes No

If YES, please give details

Name and address of usual attending doctor

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

Name and contact details for estate solicitor

Please Note: Should the claim be accepted, payment will be made to the party nominated by the insured person or the deceased person's estate.

Chubb Insurance New Zealand Limited Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

Chubb Insurance New Zealand Limited (Chubb) collects, uses and retains your personal information only in accordance with the principles in the Privacy Act 1993.

A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 9 377 1459.

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 or any associated complaint and for planning, product development and research purposes.

Your personal information includes:

- a) any information provided in relation to your claim or any associated complaint;
- b) any information that is health information or sensitive information;
- c) any other personal information that you may provide to Chubb or its third party contractors;
- d) any information relating to the 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; and
- f) any other information relating to your income and solvency.

To 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), any forensic accountant 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). You agree that the Parties may disclose your personal information to Chubb.

Chubb may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. Chubb may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to Chubb's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent 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 Privacy Officer on +64 9 377 1459 or email Privacy.NZ@chubb.com.

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 236 023 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		Date	
Name of claimant			
Signature of Witness		Date	
Name of Witness			

Contact Us

Chubb Insurance New Zealand Limited
CU1-3, Shed 24
Princes Wharf
Auckland 1010
O +64 9 377 1459
F +64 9 303 1909
www.chubb.com/nz

Chubb. Insured.SM