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|  | CHUBB INSURANCE COMPANY OF AUSTRALIA LTD ABN: 69 003 710 647  **AFS License No. 239778** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CORPORATE TRAVEL CLAIM FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PAGE 1 of 4** | | | | | | | | | | |
| **YOUR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Your Employer:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Policy Number:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your Position:** | | **CEO/CFO/COO**  🞎 | | | | | | Director🞎 | | | | | STUDENT 🞎 | | | | | | | Employee 🞎 | | | | | | | **Contractor**  🞎 | | | | | | | **Spouse**  🞎 | | | | | | | **Dependant**  **Child**  🞎 | |
| **If none of the above positions, please clarify:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your Title:** | | Dr 🞎 | | | Mr 🞎 | | | | Mrs 🞎 | | | Ms 🞎 | | | Miss 🞎 | | | **Are You Under 85 Years of Age:** | | | | | | | | | | | | | | **Yes**🞎 | | | | | | | **No**🞎 | | | |
| **Should we need to contact you to help us process your claim please provide your preferred contact details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone number:** | | | | | | | |  | | | | | | | | | | **E-mail:** | | | | | | | | | | |  | | | | | | | | | | | | | |
| **CLAIM PAYMENT DETAILS – ELECTRONIC FUNDS TRANSFER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Fast Payment of Claims please provide your Bank Account Details below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Bank:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BSB:** | | | | | | | |  | | | | | | | | | | **Account Number:** | | | | | | | | | | |  | | | | | | | | | | | | | |
| **For International payment the Bank Swift Code:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If paying into an overseas bank, what currency is the account in, eg: USD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **CLAIM PAYMENT DETAILS – CHEQUE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Where Electronic Funds Transfer is not available to you please advise Cheque Payee Details below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name of Payee:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address cheque to be sent:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **GST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If any part of this claim relates to a business expense please confirm the ABN:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **OTHER INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you able to claim on any other policy (ie; credit card, home & contents)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes🞎** | | | | | | **No🞎** | | | |
| **If yes please provide Insurer Name:** | | | | | | | | | | |  | | | | | | | | | | | | **Insurer Policy No.** | | | | | | | | | |  | | | | | | | | | |
| **TRAVEL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Departure:** | | | | | | | |  | | | | | | | | | | | | | | | **Date of return / Expected Return:** | | | | | | | | | |  | | | | | | | | | |
| **Reason for Travel:** | | | | | | **Business / Work Related** 🞎 | | | | | | | | | | **Holiday** 🞎 | | | | | | | | | **Combination** 🞎 | | | | | | | | | | | | **Other**🞎 | | | | | |
| Departure Country: | | | | | | | |  | | | | | | | | | | | | | | | **Departure City:** | | | | | | | | | |  | | | | | | | | | |
| Destination Country: | | | | | | | |  | | | | | | | | | | | | | | | **Destination City:** | | | | | | | | | |  | | | | | | | | | |
| **Travel Paid with Credit Card:** | | | | | | **Amex** 🞎 | | | | | | | | | | **Visa** 🞎 | | | | | | | | | **MasterCard** 🞎 | | | | | | | | | | | | **Other**🞎 | | | | | |
| **Credit Card Member Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Was the incident reported to Police or any other authority:** | | | | | | | | | | | | | | | | | | | | | **Yes** 🞏 | | | | | **No** 🞏 | | | | | **Police / Authority Report No:** | | | | | | | | | | | |
| **Has Customer Care Been Contacted:** | | | | | | | | | | | | | | | | | | | | | **Yes** 🞏 | | | | | **No** 🞏 | | | | |  | | | | | | | | | | | |
|  | CHUBB INSURANCE COMPANY OF AUSTRALIA LTD ABN: 69 003 710 647  **AFS License No. 239778** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DELAYED LUGGAGE CLAIM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PAGE 2 of 4** | | | | | | | | | | |
| **Date your flight arrived:** | | | | | | | |  | | | | | | | | | **Date your luggage arrived:** | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **How long was your luggage delayed:** | | | | | | | |  | | | | | | | | | **<(No. of Hours)** | | | | | | | | |  | | | | | | | | | **<(No. of Days)** | | | | | | | |
| Essential Items Purchased *e.g: Shoes* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Currency**  *e.g: USD* | | | | | **Amount Paid**  **$ AUD** | | |
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| **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** 🞏 | | |
| **CLAIM AMOUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item**  *e.g: Sony Walkman, Model SW-4124* | | | | | | | | | | | | | | | | | **Age**  *e.g: 1 year* | | | | | | | **Employer owned**  🗹 | | | | **Personal Item**  🗹 | | | | | | | | **Currency**  *e.g: USD* | | | | **Replacement Amount**  *AUD $* | | |
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| **Less amount paid in compensation by transport provider or other Insurer (if applicable) $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - | | |
| **Total amount claimed AUD $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| ADDITIONAL EXPENSES CLAIM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for additional expenses:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Expense Item *e.g: Hotel, London* | | | | | | | | | | | | | | | | | | | | | | | | | | **Date Expense Incurred** | | | | | | | | | **Currency**  *e.g: USD* | | | | | **Amount Paid**  **$ AUD** | | |
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| **Less amount compensated by airline *(if applicable)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **-** | | |
| **Total amount claimed AUD $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **SUPPORTING DOCUMENTATION REQUIRED FOR ALL ABOVE SECTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Proof of ownership of lost/damaged/stolen items (invoices, receipts, photographs)** * **Receipts or quotes for replacement items** * **Police / Authority report or event number (where available)** * **Response from transport provider after claim for lost luggage (where applicable)** * **Copy of medical certificate or letter from physician / doctor confirming reason for additional expense *(where applicable).*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | CHUBB INSURANCE COMPANY OF AUSTRALIA LTD **ABN: 69 003 710 647** AFS License No. 239778 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRAVEL AMENDMENT OR CANCELLATION CLAIM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PAGE 3 of 4** | | | | | | | | | |
| **Date travel amended or cancelled:** | | | |  | | | | | | | | | | | | | | | **Date you were due to depart:** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Reason for amendment or cancellation:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How was your itinerary amended:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Airfares**  🗹 | | | Accommodation 🗹 | | | | | | | **Currency**  *e.g: USD* | | | | **Amount Paid**  **AUD $** | | | | | | | | **Refund Amount**  **AUD $** | | | | | | | | **Amendment Cost**  **AUD $** | | | | | | | | **Cancellation Cost**  **AUD $** | | | | |
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| **Subtotal Amount AUD $** | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | |
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| **Total amount claimed AUD $** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **SUPPORTING DOCUMENTATION REQUIRED FOR TRAVEL / CANCELLATION SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Please attach copy of travel receipts / accounts / letter from travel agent.**  Please attach copy of medical certificate or letter from physician or doctor confirming reason for amendment or cancellation *(if applicable).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RENTAL VEHICLE EXCESS CLAIM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INCIDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the claim as a result of either 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:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CLAIM AMOUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Excess amount you were liable to pay the rental company:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Amount you are claiming AUD $:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **SUPPORTING DOCUMENTATION REQUIRED FOR RENTAL VEHICLE SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Please attach copy of rental agreement showing the excess amount you were liable to pay** * **Please attach copy of Police report or Police event number (where available)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | CHUBB INSURANCE COMPANY OF AUSTRALIA LTD **ABN: 69 003 710 647**  **AFS License No. 239778** | | | | | | |
| **MEDICAL EXPENSES CLAIM** | | | | | | | **PAGE 4 of 4** | |
| **INJURY / ILLNESS DETAILS** | | | | | | | | |
| **Describe the Injury / Illness:** | | |  | | | | | |
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| **CLAIM DETAILS** | | | | | | | | |
| **Date Expense Incurred** | | | **Describe Medical Services or Supplies Furnished** | | | **Currency**  *e.g: USD* | | **Amount**  **$ AUD** |
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| **Total amount claimed AUD $** | | | | | | | |  |
| **SUPPORTING DOCUMENTATION REQUIRED FOR MEDICAL EXPENSE SECTION** | | | | | | | | |
| * **Please attach Medical Certificates & Reports** * **Please attach original Medical Receipts** | | | | | | | | |
| **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 underwriter 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 or xerography copy 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 | | | | | | | |
| CLAIM DECLARATION | | | | | | | | |
| Collection StatementYour access You have a right to access the information collected on this form.  Our use of your information  We will use the information you have given us to:  1. underwrite your policy;  2. ascertain the value of your policy and things insured by it;  3. process your policy;  4. respond to claims that you make; and  5. assess future proposals for insurance.  Disclosure of your information  We may disclose the information you have given us to the following organisations (some of which may be outside Australia):  1. re-insurers, to underwrite your policy;  2. external valuers, to ascertain the value of your policy and things insured by it;  3. organisations that provide services to us in relation to the provision of insurance, to assist us in processing your policy or your claims (for example, investigators, assessors, information technology contractors, and lawyers); and  4. organisations that provide services to us in relation to the management of insurance risks.  If you do not provide us with your information  We need this information to insure you and, or, your property against any insurable losses and to respond to any claims you may make. If you do not give us this information we cannot insure you against such losses.  Our privacy policy  Please contact us if you would like information about our privacy policy. Statements of consent I give the information contained in this form to the Chubb Insurance Company of Australia Limited (‘Chubb’) for any of the above purposes. I understand that this information may be disclosed to, and held by, any organisations set out above for the purposes outlined. I consent to Chubb using the information contained in this form for these purposes, and disclosing it to the organisations set out above for these purposes.  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:** | |  | |