



CHUBB INSURANCE COMPANY OF AUSTRALIA LTD

ABN: 69 003 710 647
AFS License No. 239778

CORPORATE TRAVEL CLAIM FORM

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YOUR DETAILS

Name of Your Employer:

Policy Number:

Your Name:

Your Position:	CEO/CFO/COO	Director	Company Secretary	Employee	Contractor	Spouse	Dependant Child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above positions, please clarify:

Your Title:	Dr	Mr	Mrs	Ms	Miss	Are You Under 85 Years of Age:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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 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:

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:

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 ☐



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DELAYED LUGGAGE CLAIM

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Date your flight arrived:		Date your luggage arrived:	
How long was your luggage delayed:	<(No. of Hours)	<(No. of Days)	
Essential Items Purchased <i>e.g: Shoes</i>		Currency <i>e.g: USD</i>	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): <i>(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)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
CLAIM AMOUNT						
Item <i>e.g: Sony Walkman, Model SW-4124</i>	Age <i>e.g: 1 year</i>	Employer owned <input checked="" 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 \$				

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 – Accident & Health Specialist Claims Division

Phone: 1300 795 779

Fax: 1300 795 879

Post: PO Box 20336, World Square Post Office,

E-mail: aus.ahclaims@chubb.com

NSW Australia 2002



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TRAVEL AMENDMENT OR CANCELLATION CLAIM

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Date travel amended
or cancelled:

Date you were due to
depart:

Reason for
amendment or
cancellation:

How was your
itinerary amended:

Airfares	Accommodation	Currency <i>e.g: USD</i>	Amount Paid AUD \$	Refund Amount AUD \$	Amendment Cost AUD \$	Cancellation Cost AUD \$
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
Subtotal Amount AUD \$						

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:

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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MEDICAL EXPENSES CLAIM

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INJURY / ILLNESS DETAILS

Describe the Injury / Illness:

CLAIM DETAILS

Date Expense Incurred	Describe Medical Services or Supplies Furnished	Currency e.g: USD	Amount \$ AUD

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 of 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 Statement

Your 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:

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