

Accident and Illness

Claim Form

Important Information

Please ensure that this form is completed in all parts applicable to your claim. The Privacy Consent at the end of the form must be completed for all claims. It is important you provide honest, complete, up-to-date and relevant information when completing this form.

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

It is important you provide honest, complete, up-to-date and relevant information when completing this form.

Policy and Claimant Details

Name of Insured:					
Name of Claimant: (Mr/Mrs/Miss/Ms)					
Date of Birth:	/	/	Policy Number:		
Residential Address:					
Telephone: Home		Business:		Mobile:	
Email:					
Policy/Account No:					

Accident Particulars

Date of accident:	/	/	Time of accident:	am/pm	
How and where did the accident happen:					
Describe injuries:					
If claim for facial dis-figurement, describe:					
Have you suffered from this injury before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, state when:	/	/
Name and address of any witness to your accident:					

Illness Particulars

Date of illness:	/	/	Time of illness:	am/pm	
Nature of illness:					
Date symptoms first appeared:	/	/			
Have you suffered from this illness before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, state when:	/	/

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:	Bank Name		
Bank Address			
Bank Account Holder's Name		Bank Account Number	

Medical History

Name and address of general practitioner:			
Have you been hospitalised for this condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, date admitted	/ /	Time admitted:	am/pm
Date discharged:	/ /	Time discharged	am/pm
Name of hospital:			
How long were you confined at home?	From	/ /	To: / /
If surgery was performed, describe procedure:			
Name of surgeon:			

Employment Details

Occupation:			
Employer/ Business name:			
Address:			
Telephone:			
Duties performed in usual occupation:			
Average hours worked per week:			
Period of employment:	From	/ /	To: / /
What date did you cease all forms of work?		/ /	
If you have recommenced work, date you did so:		/ /	
Is your position of employment available to you upon recovery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List all other insurance policies that you have which provide cover for this event:			

If injury, have you lodged a claim with Accident Compensation Corporation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please provide case number			
If NO, please advise the reason			

Evidence of earnings required for weekly benefits (if applicable under cover):

If Employee: Your annual pre-tax income, excluding commission, bonuses, overtime payments. Evidence is required from your employer for the 12 months preceding the event date.

If Self-Employed: Your annual pre-tax income derived from personal exertion after deduction of all expenses incurred in connection with the derivation of that income. Evidence is required from IRO, ACC and/or your accountant for the 12 months preceding the event date.

Medical Attendant's Statement

(To be completed by Registered Medical Practitioner at Claimant's Expense)

Patient's name:			
Patient's age:		Patient's sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nature of illness/injury:			
Details of treatment provided:			
For accidents, date accident occurred:	/	/	
For illness, date symptoms first appeared:	/	/	
Date diagnosis made:	/	/	
Date you were first consulted for this condition:	/	/	
Has the patient been referred to a specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state when and provide details:		
For females, is this condition due to pregnancy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient ever had the same or similar condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state when and provide details:		
Are you the patient's regular physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please provide the name and address of the patient's regular physician:		
Thank you for your assistance by completing this form. We are reliant on the information you provide to thoroughly assess our customer's individual situation and to establish their claim entitlement. We would welcome any additional comments or suggestions that you may have.			
Doctor's name: (Please print)			
Signature			
Address:			
Telephone:		Email:	
Qualifications:			
Date:			

Please provide full copies of all hospital admission and discharge reports, post operation reports/summaries, including results of x-rays, scans or the like.

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.

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 Insured		Date	/ /
Name of Insured			
Signature of Witness		Date	/ /
Name of Witness			

About Chubb

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. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise 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's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate Property & Casualty, Group Personal Accident and corporate Travel Insurance products through brokers. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates.

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

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