

# Chubb Worldwide Travel

## Claim Form

### Important Information

Prior to submitting your claim please complete the relevant sections of this Claim Form.

**Policy and Claimant Details and Payment Details must be completed for all claims.**

**The Chubb Insurance New Zealand Limited Claim Privacy Consent, Medical Authority and Declaration (see page 8) 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
- Travel 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:**

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

## 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 confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness, e.g., a doctor's certificate or statement
3. Any document that shows proof of cost, e.g., a doctor's invoice or receipt

**\*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	
If injury - please give full details of accident	
Date of first medical consultation	Name of doctor or hospital

List details of any other treatment by doctors or hospitals

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?  Yes  No

If YES, please provide details, dates and 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details and the amount	

### 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 been booked, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

**\*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 to yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the cancellation as a result of injury/sickness to some other relative or person as defined in the Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES - Name			
Address			
Relationship		Age	

What was the nature of complaint preventing travel?			
Date of first medical treatment		Has the injured/sick person had a similar condition in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, name and address of patient's normal doctor?			

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)			
Have you attempted to obtain a refund?			<input type="checkbox"/> Yes <input type="checkbox"/> 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			
Were any alternative arrangements offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details	

Did you accept any of these alternative travel arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft

**\*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 reported to - (police, transport provider or other authority)

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

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 8: Cash in Hospital

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

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness or sickness, e.g., a doctor's certificate or statement
3. Any document that shows proof of confinement to hospital

**\*Failure to provide these documents may result in processing delays.**

Type of injury or sickness

Date of accident or commencement of sickness

If injury - 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

**\*Failure to provide these documents may result in processing delays.**

Is the claim for bodily injury or death?

Yes  No

If YES, Name of injured or deceased party

Address of injured or deceased party

Details of injury or death

If NO, List of damaged property

Name of person claiming against you

Address of person claiming against you

Is the injury or damage related to a travelling companion?

Yes  No

If YES, please provide details

Have you in any way admitted liability?

Yes  No

If YES, please provide details

Do you consider yourself at fault?

Yes  No

Why or why not?

**Section 10: Accidental Loss of Life and Permanent Loss**

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

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) 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 statement in the event of a permanent loss of limb(s) or sight
5. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass

\*Failure to provide these documents may result in processing delays.

What was the cause of the accidental injury or death?

---



---



---



---



---

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

In the event of accidental loss of life, was a coronial inquest held or is one to be held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If YES, please give details

---

Name and address of attending doctor

---

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

---

**Section 11: Credit Card Balance**

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

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) 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. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Credit card statement showing the outstanding balance of any relevant charge or credit card at the time of the accidental injury resulting in death

\*Failure to provide these documents may result in processing delays.

Outstanding balance at the time of accidental injury giving rise to the accidental loss of life?

---

**Section 12: Legal Expenses**

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

1. Original death certificate (which will be returned to you) in the event of loss of life
2. Original birth certificate (which will be returned to you) 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. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
5. Evidence that you are a beneficiary of the estate
6. Any report relating to the accident prepared by the police or other authority

\*Failure to provide these documents may result in processing delays.

If it is your intention to claim under this section of the policy, who do you think is responsible for the accidental loss of life or accidental injury?

---

Why do you think that party is responsible?

---

Have you engaged legal counsel?

Yes  No

If YES, who have you engaged?

---

## 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 [www.chubb.com/nz](http://www.chubb.com/nz) 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 Medical Authority and Declaration. In the event of any conflict between the documents, this Claims Privacy Consent Medical Authority and Declaration 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 Medical Authority and Declaration 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](mailto: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 Claimant	
Name of Claimant	
Date	
Signature of Witness	
Name of Witness	
Date	



## 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 (ACE Insurance 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](http://www.chubb.com/nz)

## Contact Us

---

Chubb Insurance New Zealand Limited

CU1-3, Shed 24

Princes Wharf

Auckland 1010

PO Box 734

Auckland 1140

O 0800 300 401

O +64 9 359 1616

F +64 9 303 1909

E [travelclaims.NZ@chubb.com](mailto:travelclaims.NZ@chubb.com)

[www.chubb.com/nz](http://www.chubb.com/nz)

Chubb. Insured.<sup>SM</sup>