

Corporate Travel Insurance

Report Form

Send Claim To:

Chubb Insurance Australia Limited
GPO Box 4065, Sydney NSW 2001 Australia

O 1300 722 032 Claims
O 1800 815 675 Customer Service
E A&HClaims.AU@chubb.com

Important Information

1. Please complete the Policy Details Section and any of the following sections which relate to your claim.
2. Please ensure that this form is signed and that all questions are answered fully.
3. To avoid delay in processing your claim, please ensure that all necessary documentation specified in the section relevant to your claim is sent with this form.
4. Claims may be subject to an excess as described in your Policy.
5. Please email this form and all documentation to: A&HClaims.AU@chubb.com
6. Please send this form and all documentation to:
The Accident & Health Claims Department, Chubb Insurance Australia Limited GPO Box 4065, Sydney, NSW 2001.

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

Section 1. Policy and Claimant Details - Please note all questions in this section must be answered

| | | | |
|---|-------------------------------------|--|--|
| Insured Company: | | | |
| Name of Policyholder/Insured: | | | |
| Name of Claimant (Mr/Mrs/Miss/Ms): | | | |
| Policy Number/Credit Card Number (if applicable): | | | |
| Address: | | | |
| City: | State: | | |
| Postcode: | Country: | | |
| Home: | Business: | | |
| Mobile: | Email Address: | | |
| Date of Birth: | Occupation: | | |
| Travel Agent: | Date of Booking Travel Arrangements | | |
| Date of Departure | Date of Return | | |

Section 2. Electronic Funds Transfer Details

Following Chubb approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details

Australian Bank Account Details

| | | | |
|--------------------------------|--|-----------------|--|
| Name of Financial Institution: | | | |
| Account Holder's Name: | | | |
| BSB Number: | | Account Number: | |
| Additional Information: | | | |

Section 3. GST Information (For Australian Claims Only)

| | |
|---|--|
| a) Are you registered for GST Purposes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) What is your Australian Business Number (ABN)? | |
| c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) If Yes, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%) | % |

Section 4. Cancellation Charges, Loss of Deposit Claim

The following items must be included with this claim*

1. The Original Tickets/Vouchers if a refund is not obtainable.
2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
3. Letter from Travel Agent verifying total cost of journey, value of unused portion of journey, cancellation charges incurred and total amount of refund received.

* Failure to provide these items may result in delays in processing your claim.

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? If Yes, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|-----|--|
| Name | | | |
| Address | | | |
| Relationship | | Age | |
| 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 | | |
| Name and Address of Patient's normal Doctor | | | |

| | | | |
|---|----|-----------|--|
| Date you advised Travel Agent to cancel bookings | | | |
| Amount of deposit paid | \$ | Date paid | |
| Balance of full fare and date paid | \$ | Date paid | |
| Value of forfeited portion of journey (if applicable) | \$ | | |
| Refund received on cancellation | \$ | | |
| Full amount being claimed | \$ | | |

Were any alternative arrangements offered? If so, give details:

Section 5. Overseas Medical, Dental and/or Hospitalisation Benefit Claim

The following items must be included with this claim*

1. Original Doctor's/Hospital accounts and receipts together with details relating to medical benefit refunds.
2. Original Doctor's Certificate verifying nature of complaint suffered by you.

* Failure to provide these items may result in delays in processing your claim.

| | | | |
|--|--|--|--|
| Type of Injury or Sickness | | Date of Accident or Commencement of Sickness | |
| If Injury - Give full details of Accident | | | |
| Date of First Medical Consultation | | Name of Doctor or Hospital | |
| Details of other treatment by Doctors/Hospital | | | |
| Dates in Hospital: Admitted | | Time: | |
| Dates in Hospital: Discharged | | Time: | |

List the Country and the currency of the Country in which you incurred the medical costs:

| Country | Currency | Total Amount |
|---------|----------|--------------|
| | | |
| | | |

Have you ever suffered from the same or similar complaint in the past?

Yes No

If Yes, give details, dates, names and addresses of treating physicians:

| Date | Physicians or Providers | Address |
|------|-------------------------|---------|
| | | |
| | | |
| | | |

Name of usual family doctor

Address of usual family doctor

How long has the doctor been known to the patient?

Are you a member of a Private Health Insurance Fund, e.g. Medibank? If Yes, please supply name of fund:

Yes No

Please Note: All medical accounts must first be lodged with your Private Health Fund, if applicable. The policy is only able to consider Non-Medicare claimable expenses.

Section 6. Emergency Expenses Claim (for additional travel & accommodation incurred during the journey)

The following items must be included with this claim*

1. Receipts and/or Tickets relating to additional expenses incurred.
2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
3. Letter from Travel Agent or carrier verifying reason for additional expenses and/or any refund applicable.

* Failure to provide these items may result in delays in processing your claim.

| | |
|--------------------------|--|
| Date/s Expenses Incurred | |
|--------------------------|--|

Reason for incurring additional travel or accommodation expenses

List the Country and the Currency of the Country in which you incurred the costs

| Country | Currency |
|---------|----------|
| | |
| | |

List specifically the additional **Travel** expenses

| Details | Amount |
|--------------|------------|
| | A\$ |
| | A\$ |
| | A\$ |
| | A\$ |
| Total | A\$ |

List specifically the additional **Accommodation** expenses

| Details | Amount |
|--------------|------------|
| | A\$ |
| | A\$ |
| | A\$ |
| | A\$ |
| Total | A\$ |

Were these expenses incurred as a result of Injury or Sickness as claimed in Part 1? Yes No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of the person and their relationship to you.

| | | | |
|---------|--|--------------|--|
| Name | | Age | |
| Address | | Relationship | |
| Cause | | | |

Section 7. Luggage, Personal Effects Claim

The following items must be included with this claim*

1. Report or letter from Authority (e.g. Police, Airline) regarding the loss.
2. Receipts, Guarantee Certificates, Instruction Manuals, Valuation Certificates, Bankcard or Credit Card Vouchers or other proof of purchase for items claimed.
3. Bank Statements, transaction receipts or other proof of cash claimed.
4. Quotations for replacement of items claimed.

* Failure to provide these items may result in delays in processing your claim.

Give full details of how losses, damage or thefts occurred: (Detail each event)

| | | | |
|--|--|------|-----------|
| Date loss/damage occurred | | Time | |
| Date loss/damage reported | | Time | |
| Loss/damage reported to (Police, Airline or other authority) Name | | | |
| Were articles lost/damaged by a Carrier? (e.g. Airline) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | |
| Have you yet lodged a claim or complaint against any Carrier/Airline or other Authority or against any individual responsible for the loss or damage to your property? If Yes, give details and attach copies of correspondence. If No, you should proceed to claim with your Carrier/Airline before submitting your claim to Chubb. | Airline | | Claim No. |
| | | | |
| | | | |

Note: The Warsaw/Montreal Convention imposes a liability upon the Carrier and you should claim on them first.

What Action was taken to recover lost items?

| | | | |
|--|--|----------------|--|
| Are any of the items covered by other insurance? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes - Which company | | Policy Number: | |
| Were all the missing articles your property? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No - give details | | | |
| Other comments (if necessary) | | | |

Description and size of suitcase in which missing goods carried

| Full details of articles claimed (include value of cases) | Name and address from whom goods were purchased | Original Date of Purchase | Original Purchase Price | Replacement Amount Claimed (Aust. \$) | Remarks |
|---|---|---------------------------|-------------------------|---------------------------------------|---------|
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Section 8. Accidental Death Claim or Specified Sickness Claim

The following items must be included with this claim*

1. The Original Policy Document.
2. Certified Copy of Death Certificate stating cause of death.
3. Copy of Coroner's Depositions and Findings (if applicable).
4. Certified copy of Birth Certificate.

*** Failure to provide these items may result in delays in processing your claim.**

| | | | |
|---|--|-------|--|
| What was the cause of death? | | | |
| When did the accident occur? | | Time: | |
| Was a coronial inquest held or is one to be held? If Yes - give details | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|--|--|
| Name of usual family doctor | | | |
| Address of usual family doctor | | | |
| How long has the doctor been known to the patient? | | | |

Section 9. Personal Liability Claim

The following items must be included with this claim*

1. Letters or Demands of a claim made against you.
2. Quotations or receipts in support of a claim made against you.

*** Failure to provide these items may result in delays in processing your claim.**

Bodily Injury - Provide relevant details - name, address, phone number and email address of Injured Party and details of Injury:

Damage to Property - List all Property Damage together with name, address, phone number and email address of Party claiming damage against you:

| | |
|--|--|
| Is the Injury or Damage related to a travelling companion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consider you were at fault? (If so, why) | |

Section 10. Rental Vehicle Collision and Theft Excess Cover Claim

The following items must be included with this claim*

1. The Rental Agreement.
2. Notice from the Rental Company in respect of the excess or deductible.
3. Documentation evidencing payment of excess or deductible.
4. A copy of the Rental Vehicle Repair Invoice from the Hire Company.

*** Failure to provide these items may result in delays in processing your claim.**

| | | | |
|--|--|---------------------|--|
| Date of Loss | | Value of Excess/LDW | |
| Please provide a full description of the circumstances of the incident giving rise to the claim: | | | |

Section 11. Chubb Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. Chubb collects, uses and handles your personal information only in accordance with the Privacy Act 1988 (Cth) (Privacy Act). A copy of our Privacy Policy is available on our website at www.chubb.com/au or by contacting our customer relations team on 1800 236 023.

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 and for planning, product development and research purposes.

Your personal information may include:

- a) any information provided in relation to your claim;
- b) any information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your Health Insurance claims history, including Medicare;
- c) any other personal information that you may provide to Chubb or its third party contractors;
- d) any information relating to any 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 (at any time); and
- f) any other information relating to your income, assets, liabilities and solvency; and
- g) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

To assess and 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), your doctor or other health service provider, any forensic accountant or investigator 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').

Chubb may disclose your personal information, including health and sensitive information, to other entities within the Chubb Group, other insurers, our reinsurers or third parties, including contractors and contracted service providers (such as assessors or investigators) who we, or those other Chubb Group entities, have engaged to provide a specific service. Those entities may be located overseas, for example the regional head offices of Chubb in Singapore, UK or USA or third parties with whom we or those other Chubb Group entities have subcontracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA).

Chubb may also disclose your personal information to witnesses in respect to your claim and to government agencies including the police (where we are compelled to by law).

If you do not consent to the terms of this Privacy Consent and Medical Authority 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 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.

Please advise if the event claimed relates to

Authorised business travel Incidental private travel (tick whichever applies)

Signature of Claimant:

Name of Claimant:

Date:

Signature of Witness:

Name of Witness:

Date:

Send Claim To:

Chubb Insurance Australia Limited
GPO Box 4065, Sydney NSW 2001 Australia

O 1300 722 032 Claims
O 1800 815 675 Customer Service
E A&HClaims.AU@chubb.com

To Be Completed by the Insured for all Claims on Corporate Travel Policies

| | | | |
|-------------------------------|--|--------|--|
| I, (Company Representative) | | | |
| confirm that (Insured Person) | | | |
| is an employee of | | | |
| Signature: | | | |
| Name: | | Title: | |
| Contact Number: | | | |
| Claim Reference (if known) | | | |
| Policy Number (if known) | | | |

About Chubb in Australia

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. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength 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, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

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

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

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Chubb. Insured.SM