

Travel Insurance

Claim Report Form

Aon Risk Services
 GPO Box 65
 BRISBANE QLD 4001
 Australia

Important Information

Please ensure this Form is completed in all Sections applicable to your claim. The Privacy Consent must be completed for all claims. Supporting documentation required is detailed within each Section. The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.

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

Insured Company:			
Name of Policyholder/Insured:	Rotary		
Name of Claimant (Mr/Mrs/Miss/Ms):			
Policy Number / Credit Card Number (if applicable):	04PO003900		
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? Yes 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? Yes 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? Yes No

Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy? Yes No

If Yes, please provide details

Name	<input type="text"/>		
Address	<input type="text"/>		
Relationship	<input type="text"/>	Age	<input type="text"/>
Nature of Complaint Preventing Travel	<input type="text"/>		
Date of First Medical Treatment	<input type="text"/>		

Has the Injured/Sick person had a similar condition in the past? Yes No

Name and Address of Patient's normal Doctor

Date you advised Travel Agent to cancel bookings	<input type="text"/>		
Amount of deposit paid	\$ <input type="text"/>	Date paid	<input type="text"/>
Balance of full fare and date paid	\$ <input type="text"/>	Date paid	<input type="text"/>
Value of forfeited portion of journey (if applicable)	\$ <input type="text"/>		
Refund received on cancellation	\$ <input type="text"/>		
Full amount being claimed	\$ <input type="text"/>		

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 and 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? Yes No

If Yes, please supply name of fund

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	
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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

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?

Yes No

If Yes - give details

Name and 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?

Yes 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:		Date:	
Name of Claimant:			
Signature of Witness:		Date:	
Name of Witness:			

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:	Contact Number:		
Name:	Title:		
Claim Reference (if known)			
Policy Number (if known)			