

Please complete and return your completed  
Chubb Peoplesure Travel Claim Forms to

[insurance@une.edu.au](mailto:insurance@une.edu.au)

**Do not return forms direct to Chubb Insurance**

Further information is available under policies  
below or e-mail [insurance@une.edu.au](mailto:insurance@une.edu.au)



## PeopleSure for Corporate Travel - Claim Form

Post: Po Box 20336, World Square Post Office, NSW Australia 2002

Email: [aus.ahclaims@chubb.com](mailto:aus.ahclaims@chubb.com) Phone: 1300 795 779

### YOUR DETAILS

Name of your employer:					
Policy number:					
Your name:					
Your position:	CEO/CFO/COO	Director	Company / Secretary	Employee	
	Spouse	Contractor	Dependant Child		
If none of the above positions, please specify:					
Your title:	Dr	Mr	Mrs	Ms	Miss
Date of birth:					
Should we need to contact you to help us process your claim please provide contact details:					
Phone number:		Mobile number:		Email:	

### TRAVEL INFORMATION

Date of departure:		Date of return / expected return:			
Reason for travel:	Business / Work related	Holiday	Combination	Other	
If other, please specify:					
Departure country:		Departure city:			
Destination country:		Destination city:			

### OTHER INSURANCE

Did you pay for your trip on a Credit Card?	Yes	No
If yes, please provide the bank name and card type (e.g. Visa Gold, Platinum):		
Do you have Home & Contents Insurance?	Yes	No
If yes, please provide the insurer name and policy number:		

### INCIDENT DETAILS

Date of event (accident / damage / theft / injury / illness):		
Country of event:		City of event:
Please describe how the accident / damage / theft / injury / illness occurred:		

**INCIDENT DETAILS (continued)**

Was the incident reported to Police or any other authority?	Yes	No
Police / Authority Report number:		
Has Customer Care been contacted?	Yes	No

**DELAYED LUGGAGE CLAIM**

Date your flight arrived:		Date your luggage arrived:	
How long was your luggage delayed for?		No. of hours:	No of days:
Essential items purchased (e.g. shoes)		Currency (e.g. USD)	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)? (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).	Yes	No
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**CLAIM AMOUNT**

Item (e.g. iPad Mini, Model A1432)	Age (e.g. 1 year)	Employer owned?	Personal item?	Currency (e.g. USD)	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 (e.g. Hotel, London)	Date expense incurred	Currency (e.g. USD)	Amount paid \$ AUD
Less amount compensated by airline (if applicable) \$			
Total amount claimed AUD \$			

## TRAVEL AMENDMENT OR CANCELLATION CLAIM

Date travel amended or cancelled:					Date you were due to depart:			
Reason for amendments or cancellation:								
How was your itinerary amended?								
Airfares (Please state airline)	Accommodation (Please state service provider)	Currency (e.g. USD)	Amount paid \$ AUD	Refund amount \$ AUD	Amendment cost \$ AUD	Cancellation cost \$ AUD		
Subtotal amount AUD \$								
						Total amount claimed AUD \$		

## RENTAL VEHICLE EXCESS CLAIM

Is this claim a result of 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 \$:		

## MEDICAL EXPENSES CLAIM

### INJURY / ILLNESS / SICKNESS OR DISEASE DETAILS

Describe the injury / illness / sickness or disease:			
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### CLAIM DETAILS

Date expense incurred	Describe medical services or supplies furnished	Currency (e.g. USD)	Amount \$ AUD
Total amount claimed AUD \$			

## PRIVATE HEALTH INSURANCE

Do you have Private Health Insurance?	Yes	No
If yes, please provide details (e.g. fund name, Policy No):		
Have you lodged a claim with your fund for any Australian or overseas medical expenses?	Yes	No
If yes, please provide claim and rebate details (including a fund statement):		

## SUPPORTING DOCUMENTATION REQUIRED

Please attach the following documentation for the sections you have completed on this form.

### Delayed Luggage / Luggage, Personal Effects & Money / Additional Expenses Sections

- Proof of Ownership of lost / damaged / stolen items (invoices, receipts)
- Police / airline report or event number (where available)
- Response from transport provider after claim for lost / delayed luggage (where applicable)
- Medical certificate or letter from physician / doctor confirming reason for additional expense (where applicable)

### Travel Cancellation Section

- Travel receipts / accounts / letter from travel agent
- Medical certificate or letter from physician or doctor confirming reason for amendment or cancellation (if applicable)

### Rental Vehicle Section

- Rental agreement showing the excess amount you were liable to pay
- Police report or police event number (where available)
- Repair invoice / quote

### Medical Expense Section

- Medical certificate and reports
- Original medical receipts

## CLAIM PAYMENT DETAILS – ELECTRONIC FUNDS TRANSFER

For fast payment of claims, please provide your bank account details below:

Name of bank:	
Account name:	
Account No:	
For international payment the Bank Swift Code:	
Bank address:	
If paying into overseas bank, what currency is the account in? (e.g. USD)	

### GST

If any part of this claim relates to a business expense please confirm the ABN:

## 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 insurer 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 of this authority can be acted upon as if it were original.

Your Signature:		Date:	
Note:	The issuing or 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.		

# CLAIMS DECLARATION AND CONSENT

## Provision of Health Insurance

Chubb cannot provide cover or benefits under Medicare or private health insurance laws or regulations in Australia including the Health Insurance Act 1973 (Cth), Private Health Insurance Act 2007 (Cth) and Private Health Insurance (Health Insurance Business) Rules 2010 or any successor legislation.

## Your Privacy

In the course of providing insurance and processing insurance claims, we need to collect personal and/or sensitive information as defined in Privacy Act 1988 (Cth) (the Act) about persons we insure and persons associated with persons we insure. If an insured does not give us this information, we may not be able to provide insurance or process a claim. In accordance with the Act, our privacy policy contains the information required to be given to persons about whom we collect personal and/or sensitive information. It provides information on how an insured can make a complaint against us for a breach of the Australian Privacy Principles ("APPs"), or registered APP code(s), if any, that binds us.

## Your Access to Your Personal and Sensitive Information

An insured can request access to personal and sensitive information that we hold about them. Your rights to access and our rights to refuse access are set out in the Act.

## Our Use of Personal and Sensitive Information

We may at any time use personal and/or sensitive information we collect about individuals subject to insurance cover to provide a quotation or assess a proposal for insurance; to provide, amend or renew an insurance policy; or to respond to a claim.

## Our Disclosure of Personal and Sensitive Information

We may at any time disclose personal and/or sensitive information we collect to the following types of organisations (some of which may be outside Australia). These include re-insurers; external valuers and appraisers; Loss adjustors, investigators and other organisations retained by us who help us to provide our claims service; professional advisers, such as accountants and lawyers; and other organisations that provide services to us in relation to the provision of insurance. To assist us in providing insurance services to an insured, we may, from time to time, transfer personal and/or sensitive information overseas to the types of organisations listed above in Canada, China, Hong Kong, India, Philippines, Singapore, Thailand, the United Kingdom and the United States of America. Where we do so, we take reasonable steps to ensure it is kept confidential. Our Privacy Policy statement is readily available on our website at [www.chubbinsurance.com.au](http://www.chubbinsurance.com.au).

## Consent

You consent and authorise us to collect, use, store and disclose personal and sensitive information provided either directly by you or your representative or agent in accordance with the Act. Where personal and sensitive information is provided to us by a person, other than yourself, you agree that all necessary consents to collect, use, store and disclose that personal or sensitive information to us have been made or given. Our privacy policy is readily available on our website [www.chubbinsurance.com.au](http://www.chubbinsurance.com.au). Alternatively, please contact us if you would like a copy.

## 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.

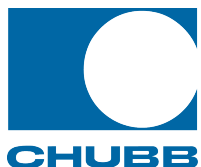
**Signature:**

**Date:**

For further information please contact your nearest Chubb Insurance office or visit [www.chubbinsurance.com.au](http://www.chubbinsurance.com.au)

## Branch Offices

Brisbane	Level 13, 40 Creek Street, Brisbane, QLD 4000	Phone: 07 3227 5777
Melbourne	Level 12, 720 Bourke Street, Melbourne, VIC 3000	Phone: 03 9242 5111
Perth	Level 1, 225 St George's Terrace, Perth, WA 6000	Phone: 08 6211 7777
Sydney	Citigroup Centre, Level 29, 2 Park Street, NSW 2000	Phone: 02 9273 0100



**Chubb Insurance Company of Australia Limited**  
ABN 69 003 710 647 AFSL 239778  
[www.chubbinsurance.com.au](http://www.chubbinsurance.com.au)

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