

# **Aviation Insurance**

## Claim Form

#### **Important Information**

- Please ensure this Form is completed in all Parts applicable to your claim.
- Supporting documentation required is detailed on page 6 of this form.
- The issue and acceptance of this Form does not constitute an admission of liability by the Insurer or a waiver of its rights.

Please complete this form and email it, along with all attachments, to aus.aviationclaims@chubb.com

Details of Insured									
Name of Insured									
Contact Name				'		Telephone number			
Insured's Reference									
Postal Address						Postcode			
Email Address							·		
GST Information (for A	ustralia	n Claims Only)							
a) What is your Australia	an Busine	ss Number (ABN)?							
b) Are you registered for	GST pur	poses?						Yes	No
c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?					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%)					%				
Claim Payment Details									
Please provide details for	r paymen	t of your claim in the e	vent that	it is deeme	ed covered	by Chubb:			
For Electronic Funds Tra	ınsfer:								
Account Name									
Name of financial institut	tion								
BSB/Branch code numbe	er					Account number			
Details of Broker									
Name of Broker									
Contact Name						Telephone number			
Broker's Reference									
Postal Address						Postcode			
Email Address									

Details of Policy							
Policy Number							
Period of Cover	From		То				
Aircraft details	Aircraft details						
Aircraft type							
Registration							
Is the aircraft financially encumbered?  Yes No							
If Yes, please specify the type of financing							
Please provide the name, address, contact telephone and e-mail of financier::							

Pilot details (app	end addition	nal sheet for other pilots as required)			
Full name					
Address					
Email					
Business Telephor	ie No.		Mobile Telephone No.		
After hours Teleph	ione No.		Facsimile No.		
License number			License type		
Other qualification	ns and/or rating	ngs .			
Total time of the P	ilot				
Total hours flown	in the 90 days ]	preceding the occurrence			
Hours flown on typ	pe in the 90 da	ays preceding the occurrence			
Fixed-wing piston Fixed-wing turbine					
Helicopter piston	lelicopter piston Helicopter turbine				
Date of endorsement for this aircraft type  Time on type					
Last flight review date By whom					
Last check & traini	eck & training date		By whom		
Date of last medica	al check		Valid until		
Additional ratings	and/or endors	sements (as applicable)			
Agricultural	Fixed wing				
	Helicopter				
	Chemical				
Mustering	Date		By whom		
	Hours				
Low-flying	Date		By whom		
External lift	Date		By whom		

<b>Details of Acc</b>	ident				
Location					
Date				Time	
Nature of flight					
Origin, destina	tion(s) and layo	ver(s)			
Phase of flight	during occurren	ice			
All-up weight a	t the time of occ	currence			
Passenger nam	e(s)				
Describe any p	ilot and/or passo	enger injuri	ies		
Witness name(	s) and contact d	etails			
Describe in det	ail the circumst	ances of the	e occurrence		
Describe the da	amage to the air	craft (and ir	nclude photographs)		
Describe in detail any property damage (baggage/cargo/building/fences/vehicle/other aircraft/etc)					
Any other part	ies involved who	n may be re	sponsible for the loss/damage?		
outer part		Jinay De Tes	oponoioie for the foss/damage:		

Terrain details (as	applicable)				
Airstrip	Length		Alignment		
	Surface		Level/Incline		
	Wet/dry				
Licensed airport/private/agriculture./etc.					
Owner					
Off airport (describe terrain, surface, if any vegetation/crop etc).					

Aircraft Technic	al Details					
Airframe serial nu	al number		Model year			
Airframe total time	Airframe total time at the time of occurrence					
Maintenance relea	ise no.					
Issued by				Date of issue		
Valid to	Hours			Date		
Signed						
Date						

### **Documents Required**

Please provide any documents in support of your claim as well as any letters of demand notices of any claim made against you.

#### **Claim Privacy Consent 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 815 675.

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 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 815 675 or email CustomerService.AUNZ@chubb.com.

#### Declaration

I understand that by investigating my claim or by accepting proof of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defense 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 as Chubb in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavors 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.

Signature of claimant		
Name of claimant	Date	
Signature of claimant		
Name of claimant	Date	

#### About Chubb in Australia

Chubb is a world leader in insurance. With operations in 54 countries and territories, 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 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 employs approximately 40,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. With five branches and more than 800 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

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