CHUBB®

Journey Accident

Claim Form

Important Information

Please download/save this Claim Form to enter your claim details.

To assist us to consider your claim as soon as possible please complete ALL questions in full.

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 click the submit button to email this form to Chubb and attach any applicable documentation required.
6. We now accept digital signatures on this form, please click in the signature field to add your signature.

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

Section 1 - Your Information					
Policy Number					
Policyholder					
Surname		First Name		Title	
Address				Postcode	
Date of Birth		Sex (M/F)			
Marital Status		No of Dependents:			
Telephone (Home)		Business		Mobile	
Email					
Employer's Name				Telephone	
Address				Postcode	

Were you employed at the time of suffering the accident?	☐ Yes ☐ No
If No, provide full details below:	

Section 2 - Claim Payment Details - Electronic Funds Transfer

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

Name of Bank			
Account name			
BSB		Account No.	

Section 3 - Accident

Date of Accident		Time	

Were you travelling? **(please tick relevant box)**

☐ to work	What time was your shift due to commence?		AM/PM
☐ from work	What time did your shift finish?		AM/PM

Location where accident occurred:	
Were there any witnesses to the accident?	☐ Yes ☐ No
Witness Name	
Witness Address	

What were you doing? i.e. driving vehicle, cycling, walking etc

How did it occur?

Nature and extent of injuries:

Have you ever suffered from this type or a similar type of injury?	☐ Yes ☐ No
If Yes, provide full details:	
In the case of a motor vehicle accident has a claim been lodged against the Traffic Accident Commission?	☐ Yes ☐ No
If Yes, please provide details: (company, claim number, contact person & number)	
Do you have a solicitor acting for you?	☐ Yes ☐ No
If Yes, please provide details:	

Section 4 - Period Off Work

Provide date and time of your first medical consultation for this Accident:

Date:		Time:		On what date did you last work?	
Have you been able to engage in any other occupation following your Accident?					☐ Yes ☐ No
If Yes, provide full details below:					
Have you been able, since the Accident occurred, to attend in any way to your business / employment or any portion of it?					☐ Yes ☐ No
If Yes, provide full details below:					
On what date did you return to work?					
Name and contact details of Medical Practitioner who attended this condition:					
Name					
Address				Postcode	
Telephone Number					
Name and contact details of your regular Medical Practitioner:					
Name					
Address				Postcode	
Telephone Number					

Section 5 - To Be Completed By Your Employer

If Self Employed please provide your Tax Assessment advice from the ATO from the previous financial year as proof of your earnings.

Name of Employer:				
This is to certify that		of		
Has been unable to attend his/her occupation as a result of Injury from:			to:	
His/Her average Gross Weekly Salary at the time of this accident was:		$		per week
He/She has been employed since:				
His/Her Sick Leave Entitement at the time of this accident was:				days
Has a claim for Worker's Compensation been lodged:				☐ Yes ☐ No
Signature of Employer or Supervisor				
Name of Employer or Supervisor (please print)				
Telephone Number:				
Date				

Proof of Earnings

For claims by Employees - please provide payroll information for the last 10 pay periods prior to the date of Disability showing the Gross Weekly Earnings, commission, bonuses, overtime and allowances paid to the employee.

If there is a Workers Compensation claim please also provide the Workers Compensation payments made to enable the top-up benefit to be calculated.

Please be advised that subject to the specific definition in the Policy further salary information may be required to calculate the benefit payable under the policy.

If Self Employed - please provide your Tax Assessment advice from the ATO from the previous financial year as proof of your earnings.

To avoid delay in processing the claim please ensure relevant and complete proof of earnings is provided with the claim form when first submitted.

Section 6 - Previous Medical History

Is there any condition (past or present) affecting your current disability?	☐ Yes ☐ No

If Yes, please give details below:

Date	Nature of Injury or Sickness	Names	Address

Section 7 - General Particulars

Your policy contains certain 'Lifestyle Protection Benefits'. These may include Benefits such as Accommodation and Transport Benefits, Domestic Help Benefit, Rehabilitation Benefit and certain Out of Pocket Expenses. Do you wish to claim for any particular Benefit as outlined in your Policy wording?	☐ Yes ☐ No

If Yes, provide details below:

Are you insured elsewhere for accident? If Yes, provide Name and contact details of Insurer:			☐ Yes ☐ No
Name			
Address		Postcode	
Telephone			

If Yes, provide name and contact details of Insurer:

Name			
Address		Postcode	
Telephone			
Status of Claim:			

Please note: A copy of your last ten pay slips or tax statement will also be required.

Section 8 - Authority To Give Information

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.

Signature	
Date	

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 Australia Limited.

Chubb Insurance Australia Limited, Claim Privacy Consent and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) collects, uses and handles your personal information in accordance with the Privacy Act 1988 (Cth). You can access a copy of our Privacy Policy on our website at https://www2.chubb.com/au-en/footer/privacy.aspx or by contacting our customer relations team.

Your personal information will be used by Chubb, or third parties engaged by Chubb, 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 including customer surveys.

In so far as it is relevant to the claim, your personal information may include:

a) 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;
b) information relating to other insurance policies, including terms and conditions and claims history;
c) details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time);
d) information relating to your income, assets, liabilities and solvency;
e) information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit;
f) payment or billing information, such as bank account details, direct debit and credit card details or premium funding and insurance payment arrangements; and
g) any other personal information that you may provide to Chubb or its third party contractors.

Collection from and Disclosure to Third Parties

To assess and process your claim Chubb may need to collect your personal information from third parties such as, but not limited to, 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.

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 related to the administration of your claim and the policy. 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). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

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'd like a copy of your personal information or wish to correct or update it, want to withdraw your consent to receiving offers of products of services from us or persons we have an association with, please complete Our Personal Information Request Form online or download it from www2.chubb.com/au-en/footer/privacy.aspx and return to CustomerService.AUNZ@chubb.com or contact our customer relations team on 1800 815 675.

Please note 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.

Privacy Consent, Declaration and Authority

I:

- consent to the collection, use and disclosure of my personal information in accordance with Chubb's Privacy Policy and this document for the assessment of my claim. This consent remains valid unless I alter or revoke it by giving written notice to Chubb as outlined above;
- 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 insurance policy;
- agree to use my best endeavors and render all reasonable assistance and co-operation to Chubb in the assessment of my claim;
- 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;
- understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- authorise any person or entity, including but not limited to the third parties referred to above, to provide to Chubb such personal information as Chubb considers relevant for its assessment of my claim;
- authorise Chubb to disclose my personal information (including sensitive/health information) to other third parties referred to above (who may be located overseas) where relevant to the assessment of my claim;
- appoint Chubb to do everything necessary including to execute on my behalf any documents or do such acts as required to give effect to this Privacy Consent, Declaration and Authority.

Signature of Claimant			
Name of Claimant		Date	

Section 10 - Medical Certificate / Certificate Of Attending Physician

(To be completed by attending Physician)
The claimant must obtain, at their own expense, the completion of this certificate from a duly qualified and registered medical practitioner. In the event of the medical practitioner being unable to answer from their own personal knowledge any of the following questions, they are requested to state so.

Furnished in connection with the disability of:				
Name of Patient:				
Address:			Postcode	
Are you the patient's regular physician?				☐ Yes ☐ No
If Yes, how long have you known the patient?		Years		Months
Complications:				
Has the patient previously suffered from the same or similar injuries / sicknesses?				☐ Yes ☐ No
If Yes, provide the date and diagnosis:				
Date of first consultation of this condition:				
In your opinion, how long has this condition been in existence whether treated for same or not?				
Present condition:				
Prognosis:				
Nature of operation (if any):				
Name of Physicians who previously treated patient for above condition:				
Name				
Name				
Are the patient's symptoms:				
☐ due exclusively to the accident, ☐ traceable to disease, ☐ infirmity or any other cause?				
Is there anything in the patient's medical history which may have contributed, directly or indirectly, to the injury / illness or which may be likely to retard the patient's recovery?				☐ Yes ☐ No
If Yes, provide details below:				
Is the patient still under your care for this condition?				☐ Yes ☐ No
If No, on what date did you release the patient to perform regular duties:				
Dates unfit for work, or unable to perform specific parts of the patient's occupation: From:			To:	
Please note: If uncertain, please estimate.				
Have you any reason to suppose that the patient was under the influence of intoxicants or drugs at the time of the accident?				☐ Yes ☐ No
If hospitalised, give dates:	From:		To:	
Name of Hospital:				
Give dates patient was totally disabled	From:		To:	
In your opinion, probable further disability should not exceed:			Date	

Name of Physician			
Address:		Postcode	
Telephone:			
Qualifications:			
Signature:			
Date:			

Please click to submit your claim form Submit

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. 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. 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, Paris and other locations, and employs more than 30,000 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 protect and individuals purchasing travel and personal accident 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

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

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
GPO Box 4065
Sydney NSW 2001 Australia
www.chubb.com/au

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

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