

Chubb Travel

Claim Form

Instructions

To assist us to consider your claim as soon as possible please complete all questions in full to the extent relevant and attach any relevant invoices and other documents to support your claim.

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

To assist you completing this form, you are required to complete Page 1 - Policy and Claimant Details and depending on your loss, you will need to complete the relevant pages below:

- Claims for Travel Delays, Cancellation, Loss of Deposits or the unexpected shortening of Your Trip
- Claims for Overseas Medical, Hospital or Dental Expenses
- Claims for Lost or Damaged Baggage and/or Other Lost/Damaged Items
- Claims for Rental Vehicle Excess or your Overseas Personal Vehicle Excess
- For any other situation, provide as much information as possible in the Other Claim section on page 6

The Chubb Insurance New Zealand Limited Claim Privacy Consent, Authority and Declaration (see page 6) must be completed for all claims.

Once completed, please email this form and any supporting documentation to travelclaims.NZ@chubb.com

Policy and Claimant Details

Name of Insured				Policy Number		
Name of Claimant						
Claimant's Date of Birth						
Address	Unit/House number/Street					
	Suburb			State		Postcode
Telephone - Home		Business		Mobile		
Email Address						
Occupation						
Travel Agent				Date of Booking Travel Arrangements		
Date of Departure				Date of Return		
Country of Destination						

Where travelling on a policy that belongs to an Organisation or Company, please answer the following questions:

a) Is the purpose of your travel for Leisure, Business, Student?		
b) Was your travel authorised by the Company or Organisation?	Yes	No
c) What is your position or relationship with the Company or Organisation?		

Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by Chubb:

Electronic Funds Transfer:		Bank Name	
Bank Address		Bank Account Holder's Name	
Bank SWIFT code		Bank Account Number	

Travel Delay, Cancellation, Pre-paid Deposits or Unexpected Shortening of Your Trip

The following documents are required for us to process your claim:

- Original travel itinerary, including booking date or travel agent invoice or boarding pass
- Invoices for both original and amended travel bookings (if applicable)
- Notification from the transport carrier confirming the reason for the disruption
- Proof of additional expenses, e.g., receipt/invoice
- Any other document that provides proof of reason, e.g. Medical certificates or receipts or Death certificate

***Failure to provide these documents may result in processing delays.**

Please explain the circumstances behind your loss, delays or cancellations:

Date you advised Travel Agent to cancel booking (if applicable)			
Scheduled flight or other transport no.		Departure airport or station	
Date(s) expenses incurred			

List specifically the additional expenses

Details	Country Incurred	Currency	Amount	Date Incurred

Please give reasons for any additional expenses incurred: (if applicable)

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Were any refunds or credits made available?
If YES, please provide a copy of relevant supporting documentation from the service provider in this regard.

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Claims for Overseas Medical, Hospital or Dental Expenses

The following documents are required for us to process your claim:

- Original travel itinerary or travel agent invoice or boarding pass
- Medical reports detailing the injury or sickness and any treatment you had
- If you were hospitalized, your discharge summary
- Bills or receipts for any costs you are claiming for
- Any other document that provides proof of reason, e.g. Medical certificates or receipts

***Failure to provide these documents may result in processing delays.**

Type of accidental injury or sickness or disease			
Date of accident or commencement of sickness			
If injury - please give full details of accident			
Date of first medical consultation		Name of doctor or hospital	
List details of any other treatment by doctors or hospitals			

Hospital or medical facility details	Name of medical / treatment facility or hospital				
	Date admitted		Date discharged		
Where were you when you incurred the medical costs	Location				
	Country				
	Costs		Currency		Total Amount

Have you ever suffered from the same or similar complaint in the past?	Yes	No
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If Yes, please provide details, dates and names of treating doctors

Name, address and contact details of usual doctor	Doctor			
	Address			
	Phone Number			

How long has the doctor been known to the patient?	
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Please itemise the expenses incurred overseas

Name and address of medical provider	Nature of injury/sickness/disease and treatment	Currency	Amount

Are these expenses recoverable from any other source?, e.g. other insurance? Or, was a third party at fault?	Yes	No
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If Yes, please provide details of those expenses that may be recoverable from another source and the amount:

Did you contact Chubb Assistance about your claim when overseas?	Yes	No
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Date		Reference Number	
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If you did not contact Chubb Assistance please provide a detailed explanation as to why contact was not made:

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Claims for Lost or Damaged Baggage and/or Other Lost/Damaged Items

If your baggage was lost, damaged or delayed during a flight, you will need to contact your airline operator and report a delayed or missing bag prior to lodging a claim. Please have your relevant documentation available e.g. property irregularity report (“PIR”)

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership of missing items, i.e. original purchase receipts
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Any relevant report you made about the event, e.g. Police report in the event of theft/loss or hotel or tour operator report
5. Evidence of cash lost/stolen taken or obtained during the journey, e.g. ATM bank transaction receipts or bank statements

***Failure to provide these documents may result in processing delays.**

Please provide details of how losses, damage or theft occurred:

Date of Event		Time	
Loss/damage/theft reported to - (police, transport provider or other authority)			
Were the articles lost/damaged by a carrier? (e.g. airline)	Yes	No (If Yes, name of carrier)	
Have you lodged a claim or complaint to any carrier/ airline or other authority or against any individual responsible for the loss or damage to your property? If Yes, give name and reference number:	Name	Reference Number	

If NO, you should proceed to claim with your airline/carrier before submitting your claim to Chubb

If the items were lost, what action was taken to recover them?

Are any of the items covered by other insurance?	Yes	No
If Yes - which company		Policy Number
Were all the missing articles owned by you?	Yes	No
If No, has the owner lodged a claim with their insurer?	Yes	No

If there is other insurance and you have not claimed, please provide an explanation:

Description of damaged/ stolen items	Name and address from whom goods were purchased	Date of purchase	Original purchase price	Amount received from other source	Amount claimed

Section 6: Rental Vehicle Excess

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice
2. Any document that demonstrates that the car was hired, e.g., vehicle rental agreement Terms and Conditions including excess payable
3. Any document that shows proof of cost, e.g., quote or invoice for repairs
4. Evidence of the excess applicable under the comprehensive motor vehicle policy along with the no claims bonus not otherwise recoverable.

***Failure to provide these documents may result in processing delays.**

Place of collision/theft		Date of collision or theft	
Amount of excess	\$		
No Claims Bonus Conditions?			

Please provide a full description of the circumstances of the incident giving rise to this claim

Who do you consider was at fault?	
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Please supply third party details

Name:	
Address:	
Telephone:	
Email:	

Insurance provider's details:

If a third party was involved, please provide a diagram of accident and provide details below the diagram in the field provided.

(Indicate street names and direction of vehicles: Your view: ↘ Other driver: →)

Instructions for drawing your diagram: select Comment (*speech bubble*) from the menu bar. Select the marker icon (*pencil*) in the Comment toolbar to activate the Draw Free Form tool. Further instructions can be found [here](#):

Provide any further detail here:

Any Other Claim

Complete this section if you have incurred a loss which is not detailed elsewhere in the Claim Form. You will need to state the Policy Section under which you believe you have a claim and provide full particulars of the loss, including relevant dates and amounts that have been paid by you.

The following documents are required for us to process your claim:

- Any additional documentation that supports your claim.

Which policy section(s) describes your loss?	
Please provide the circumstances and information that describes your loss	
What date was your loss?	
How much are you claiming for?	\$

Chubb Insurance New Zealand Limited Claim Privacy Consent, Authority and Declaration

Claim Privacy Consent

I/ we:

- understand that Chubb Insurance New Zealand Limited CUI-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include Health information) so that Chubb can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
- authorise Chubb to obtain from other parties personal information (which may include Health information) about me/us that Chubb views as relevant to the claim;
- agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;
- understand that I/we have rights of access to, and correction of, personal information held by Chubb; and
- understand that further information about how Chubb collects, uses, discloses and processes my/our information is set out in Chubb's Privacy Policy, available at www.chubb.com/nz-en/footer/privacy.html.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 377 1459 or email Privacy.NZ@chubb.com

Authority and Declaration

I/ we:

- understand that in evaluating my/our claim or by accepting documents in support of my/our claim, Chubb has made no acceptance of liability, nor waived any of its rights;
- confirm that any information that I/we supply will be true, correct and complete and that I/we will not withhold any information likely to affect the acceptance or handling of my/our claim and understand that if I/we provide untrue information or do not disclose relevant information that it might result in my/our claim being declined in part or in full;
- will give all reasonable assistance to Chubb and co-operate in the assessment of my/our claim; and
- appoint Chubb to do everything necessary to give effect to the consents and authorisations in this document and to execute, on my/our behalf, any documents or to do such acts required to give effect to this Privacy Consent and Authority.

Signature of claimant	
Name of claimant	Date

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Claims Process

On receipt of your completed claim form We will take the following steps:

- Acknowledge receipt of Your claim within 5 business days of receipt
- Identify Your insurance policy, register Your claim against it, and assign a claim number
- Review whether any further information may be needed.

If We have all the information We need to assess Your claim then We will review your claim to decide whether or not to accept it. We will let you know if We need further information to assess Your claim.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, store, use, disclose, retain, give access to and correct Your personal information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, holds, stores, uses, discloses, retains, gives access to and corrects Your personal information in accordance with the requirements of the *Privacy Act 2020*, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our Privacy Policy.

Purpose of collection

We collect and hold Your personal information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with Your personal information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Privacy Statement (cont'd)

Recipients of Your personal information and disclosure

We may disclose Your personal information to third parties, including:

- contractors and service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus, call centres and marketing agencies);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers and other parties involved in the policy or claim (such as Toka Tū Ake EQC); and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, correct or update Your personal information, or withdraw Your consent to receiving offers of products or services from Us or organisations We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Office of the Privacy Commissioner's website at www.privacy.org.nz.

Complaints and Dispute Resolution

We take Your concerns very seriously and We have detailed complaint handling and dispute resolution procedures that You may access, at no cost to You. To assist Us with Your enquiries, please provide Us with Your claim or policy number (if applicable) and as much information You can about the reason for Your complaint.

Our complaints and dispute procedures are as follows:

Stage 1 - Complaint Handling Procedure

If You are dissatisfied with any aspect of a Chubb or Combined Insurance product or service and You wish to make a complaint, please contact Our Complaints and Customer Resolution Service (CCR Service) by post, phone or email (as below):

Complaints and Customer Resolution Service
Chubb Insurance New Zealand Limited
PO Box 734
Shortland Street
Auckland 1140
O +64 9 377 1459
E Complaints.NZ@chubb.com

Our CCR Service is committed to reviewing complaints objectively, fairly and efficiently and Our team members are independent of the original decision maker.

Complaints and Dispute Resolution (cont'd)

Our response

We will acknowledge receipt of Your complaint within five (5) business days of receiving it from You and We will provide You with the name and relevant contact details of the CCR Service team member who will be assigned to liaise with You regarding Your complaint.

We will investigate Your complaint and if We have all the information required to make a decision, We will respond to You within ten (10) business days with a decision. If We require more time or further information We will request a reasonable additional timeframe in which to provide Our response.

If We require more time to finalise Our response, We will keep You updated at least every 20 business days.

When We provide Our complaint decision to You, or if We cannot resolve Your complaint within two months of You lodging it, We will provide You with a 'deadlock' letter which explains Our reasons to You in writing. We will provide You with the option of taking Your complaint to Stage 2 of the Complaints and Dispute Resolution process - External Dispute Resolution.

Stage 2 - External Dispute Resolution

We are a member of an independent external dispute resolution scheme operated by Financial Services Complaints Limited (FSCL) and approved by the Minister of Consumer Affairs. Subject to FSCL's Terms of Reference, if You are dissatisfied with Our complaint determination or We are unable to resolve Your complaint or dispute to Your satisfaction within two months, You may contact FSCL via:

Financial Services Complaints Limited
PO Box 5967,
Wellington 6140
O 0800 347 257 (Call Free for consumers)
or +64 4 472 FSCL (472 3725)
E info@fscl.org.nz or complaints@fscl.org.nz
www.fscl.org.nz

Please note if You would like to refer Your complaint to FSCL You must do so within 3 months of the date of the 'deadlock' letter (or any longer period permitted under FSCL's Terms of Reference). FSCL provides an independent dispute resolution service that is free to customers.

Further details regarding Our complaint handling and dispute resolution procedures are available from Our website and on request.

About Chubb in New Zealand

Chubb is a world leader in insurance. Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate Property & Casualty, Group Personal Accident and corporate Travel Insurance products through brokers.

More formation can be found at www.chubb.com/nz.

Contact Us

Chubb Insurance New Zealand Limited
PO Box 734, Auckland 1140
O +64 9 377 1459
F +64 9 303 1909
www.chubb.com/nz

Company No. 104656
Financial Services Provider No. 35924

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