

Business Travel Insurance

Claim Form

Send claims to:

Insurance Services
 The University of Queensland
 E insuranceclaims@uq.edu.au
 T +61 7 3365 3075
 W governance-risk.uq.edu.au

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

Insured Company:	University of Queensland		
Name of Policyholder/Insured:	University of Queensland		
Policy Number	01PP529201		
UniFi Travel Request Number or Travel Notification Number			
Please advise if the event claimed relates to	<input type="checkbox"/> Authorised business travel <input type="checkbox"/> Incidental private travel (tick whichever applies)		
Name of Claimant (Mr/Mrs/Miss/Ms):			
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	
Supporting Documentation:	<input type="checkbox"/> UQ Travel Diary <input type="checkbox"/> Original travel itinerary		

Section 2. Electronic Funds Transfer Details

Claim benefits will be transferred directly into your bank account, less any applicable excess. Please provide the following details:

Direct to my personal account (for personally owned property)

Bank Name:			
Bank Address:			
BSB (Branch):		Account Number:	
Account Holders Name:		Amount:	
IBAN Number		(AUD)	

Direct to the University of Queensland's Bank Account Details (for property owned by UQ)

Please contact insuranceclaims@uq.edu.au if you require UQ's bank account details.

Chart string to allocate funds to:

				-	409662	-		S2 Free	
Operational Unit	- Site	Fund	Function		Account (Insurance Claims Income)		Project (if applicable)		Free Form Tag (FFT) (UQ claim reference number)
Amount									

*Please note: if the above chart string details are for a research project, please ensure that your local Management Accountant has arranged with UQ Contract & Grants (C&G) to have the fund code '611' (Insurance Claims - Research added to the project. Please only provide chart string details for research projects with the 611 fund code. Research fund codes beginning with 4 cannot be used. Failure to do so may result in delays in allocating insurance claims revenue at the conclusion of a successful claim.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy? If Yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name			
Address			
Relationship		Age	
Nature of Complaint Preventing Travel			
Date of First Medical Treatment			
Has the Injured/Sick person had a similar condition in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Patient's normal Doctor			

Date you advised Travel Agent to cancel bookings			
Amount of deposit paid	\$	Date paid	
Balance of full fare and date paid	\$	Date paid	

Value of forfeited portion of journey (if applicable)	\$
Refund received on cancellation	\$
Full amount being claimed	\$

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 of usual family doctor

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? If Yes, please supply name of fund:

Yes No

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? If Yes - give details			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of usual family doctor			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			

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, the policyholder (in this case, your university), 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 the policyholder (in this case, your university), 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. We provide claims reports to the policyholder (in this case, the university) to assist with the administration of 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

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

Please click to submit your claim form

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for almost 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages include Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, for a broad client base, including many of the country's largest companies.

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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