

CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED

A.B.N. 69 003 710 647 | AFS Licence No. 239778

Expatriate / Inpatriate Medical Expense Claim Form

INSURED PERSON (The Expatriate / Inpatriate Employee): _____

POLICY NUMBER: _____

COUNTRY OF POSTING: _____

COMPANY INSURED (Your Employer): _____

Date expense incurred	Description of injury or illness	Name / Relationship	Treatment	Services provided by	Currency	Amount Claimed	Have we paid for an expense relating to this injury or illness previously? (Y/N)
e.g. 21/10/2007	Broken Index Finger	William / Son	Consultation	Dr Steve Brown	USD	\$500	Yes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
						Total:	

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

Bank Name:		Bank Address:	
BSB (Branch No.):		Account Name:	
Swift Code:		Account Number:	
For International Transfers, what currency is the account in?:			

SIGNED: _____

DATED: _____

Email address of preferred contact: _____

Chubb Insurance Company of Australia Limited - Accident & Health Specialist Claims Division			
Phone : 1300 795 779	Fax : 1300 795 879	Post : PO Box 20336, World Square Post Office, NSW, Australia 2002	Email : aus.ahclaims@chubb.com

IMPORTANT: PLEASE ATTACH / SCAN ALL RELEVANT RECEIPTS, DOCTOR'S CERTIFICATES AND PRESCRIPTIONS TO THE CLAIM FORM