

Inpatriate Medical Expenses

Claim Form

Send Claim To:

Chubb Insurance Australia Limited GPO Box 4065, Sydney NSW 2001 Australia

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

Important Information

- 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 email this form and all documentation to: A&HClaims.AU@chubb.com
- 6. Please send this form and all documentation to: The Accident & Health Claims Department, Chubb Insurance Australia Limited GPO Box 4065, Sydney, NSW 2001.

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

Section 1 - Policy and Claimant Details						
Insured Company						
Policy Number						
Employee's Name						
Email						
Employee's address						
	City		State		Postcode	
Patient's Name						
Relationship with Employee			Patient's Nati	onality		
Is the patient entitled to Medicare benefits in Australia?					☐ Yes ☐ No	
Does the patient hold Private Health Insurance?				☐Yes ☐No		

Section 2 - Electronic Funds Transfer Details

Following Chubb approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of Financia	al Institution						
Account Holder's	s Name:						
BSB Number						Account Number:	
Bank Address							
Overseas Acco	ount Details						
Name of Financia	al Institution						
Account Holder's	Name:						
BSB Number/Rou	ıting Code/AB	A Number/IBAN:				Account Number:	
Bank Address							
Currency for Ref	und				Swift Code:		
Section 3 - Ove	erseas Medi	cal and Dental 1	Deta	ils of Amounts	Claimed		
Date of Service				Fully Describe Services, Sup x-ray, plaster, physiotherap	plies Furnish doctor cons	ıed (e.g.	Charges (\$A or other currency)
(Attach all relevant documentation and receipts)							
Date	Physicians	or Providers				Address	

Section 4 - Hospitalisation Only Benefit Claim						
Type of Injury or Sickness						
Date of Accident or commencement of Sickness						
If Injury - Give full details of Accider	nt. If Sickness, give	details of onset of condition				
Date of First Medical Consultation						
Name of Doctor or Hospital						
Details of other treatment by Doctor	rs/Hospital					
Dates in Hospital:	Admitted		Time			
Discharge			Time			
List the Country and the currency o	of the Country in w	hich you incurred the medical costs				
Country		Currency	Total Amount			
Have you ever suffered from the same or similar comp		laint in the past?			☐Yes ☐No	
If Yes, give details, dates, names and addresses of treating physicians						
Date Physicians or	Providers		Address			

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	

To be Completed by Represen	tative of the Insured for all Expatriate and Inpatriate Claims and Submitted with First Claim
I, (Company Representative)	
confirm that (Insured Person)	
is an employee of	
and that he/she is a Nominated Exp	atriate/Inpatriate with effect from
Cover (please tick)	☐ Family ☐ Couple ☐ Single
Signature	
Name	
Title	
Contact Number	
Claim Reference (if known)	
Policy Number (if known)	
About Chubb in Australia	
provides commercial and person reinsurance and life insurance to insight and discipline. We service and service offerings, broad distr Chubb Limited is listed on the Ne	icly traded property and casualty insurer. With operations in 54 countries and territories, Chubb hal property and casualty insurance, personal accident and supplemental health insurance, a diverse group of clients. As an underwriting company, we assess, assume and manage risk with an and pay our claims fairly and promptly. The company is also defined by its extensive product ribution capabilities, exceptional financial strength and local operations globally. Parent company aw York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains 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 www.chubb.com/au

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Chubb. Insured.[™]