

# Personal Information Request Form

An individual who wishes to request access to, or update or correct, their personal information held by Chubb Insurance Australia Limited (Chubb) (ABN 23001 642 020, AFSL 239687) and/or Combined Insurance (a division of Chubb) (Combined) can use this form to do so.

An individual can also use this form to specifically opt out of receiving certain marketing information from Chubb/Combined or to raise any particular issue or complaint about the management or handling of their personal information by Chubb/Combined.

Please note that in many instances personal information may be able to be updated or corrected without completion of this form e.g. by providing the information to your insurance intermediary and requesting that they liaise with Chubb/Combined. If you are in any doubt as to whether this form is needed please contact us at the details provided below.

For further information about our personal information handling practices please review our full Privacy Policy available at [www.chubb.com/au](http://www.chubb.com/au).

## Where to send this request

Where your request concerns **Chubb Insurance Australia Limited** please phone our Customer Relations Team on 1800 815 675, or print out and complete this form and return it to us as follows:

Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001

O +61 2 9335 3467

E [CustomerService.AUNZ@chubb.com](mailto:CustomerService.AUNZ@chubb.com)

Where your request concerns **Combined Insurance Business** please phone the Combined Customer Service Team on 1300 300 480 or print out and complete this form and return it to us as follows:

Combined Insurance, PO Box 403, North Sydney NSW 2059

O +61 2 9922 2096

E [customer@combined.com.au](mailto:customer@combined.com.au)

## Identification information

**So that we can identify and contact you, please complete the following:**

|                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name<br>(please also include any relevant company or business name)                                                                                         |  |
| Postal address                                                                                                                                                   |  |
| Email address                                                                                                                                                    |  |
| Telephone number                                                                                                                                                 |  |
| Contact details of your insurance intermediary<br>(e.g. broker or any agent or Authorised Representative of Chubb relevant to your connection to Chubb/Combined) |  |
| Chubb/Combined policy/claim reference number<br>(or any other relevant information you can provide regarding your connection to Chubb/Combined)                  |  |

## Nature of your personal information request

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To allow us to understand the nature of your request please, complete the following:

**I want to correct personal information you hold about me**

Please provide full details of the personal information you believe is incorrect and the basis for that belief and what changes you require.

**I want access to personal information you hold about me**

Please provide full details of the personal information you want access to.

**IMPORTANT:** To access your personal information, please attach a signed copy of your identification to this form for verification.

**I want to make a complaint about how my personal information has been managed by Chubb**

Please provide full details of the complaint and details of any Chubb/Combined personnel or agent of Chubb/Combined relevant to the matter, so that we can investigate and seek to resolve your complaint.

**I want to opt out of receiving marketing information**

Please specify what types of marketing communications you wish to opt out of receiving (e.g. telemarketing or electronic or postal mail) and whether that opt out is applicable to a particular product line or division of Chubb (such as the Combined Insurance division).

**Please note:**

- a) Chubb/Combined will take steps to action this request as quickly as possible but please note that this may take up to 5 business days and it is therefore possible that you may receive marketing communications from Chubb/Combined until the processing of this request is complete;
- b) for legal reasons Chubb may continue to contact you in accordance with any active account you hold with us.

**Other**

Please provide full details of your request below.

Where you ticked an option above please provide full details below to assist with your request:

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Please identify if your request is specifically urgent and, if so, the reason. We will of course review the request made and confirm receipt within a reasonable timeframe. Where applicable, we will contact you with our response or to discuss the matter further with you and we will keep you informed with what we are doing to action the matter. With respect to access to personal information we may need to charge for the costs incurred in providing this to you; if that is the case we will let you know and provide either a reasonable estimate or full details of that amount in advance.

## Declaration and authority

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I acknowledge that:

- I am the individual referred to in this request and that all of the information that I have provided in this form is true, complete and correct;
- Chubb/Combined may be unable to provide the information I have requested because it is no longer held on record;
- all or part of my request may be denied as permitted by law (see Chubb's Privacy Policy for further information); and
- although there is no fee to make a personal information request, depending on the nature of the request it may be necessary for Chubb/Combined to impose a charge covering the reasonable cost of retrieval, collation and supply of the information to me and that I may need to meet that expense prior to receiving the information.

Please print, sign and date the form where indicated below.

|        |  |
|--------|--|
| Signed |  |
| Name   |  |
| Date   |  |

## What next?

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Please check that you have completed all sections of this Personal Information Request form that are relevant to your request and then forward it (along with any attachments) to us by email, fax or post - see 'Where to send this Request' above for full contact details.

**Chubb. Insured.<sup>SM</sup>**