

# Credit Card Repayment Insurance

## Death Claim Form

### Important Information

Please ensure that this form is completed in all parts applicable to your claim. The Privacy Consent at the end of the form must be completed for all claims. It is important you provide honest, complete, up-to-date and relevant information when completing this form.

**The issue and acceptance of this form does not constitute an admission of liability by Chubb Insurance New Zealand Limited or a waiver of its rights.**

**To facilitate prompt assessment of your claim, please ensure that:**

1. This claim form has been fully completed.
2. An original or certified copy of the Final Death Certificate showing cause of death, Post-Mortem and ESR Reports, Traffic Accident/Police Report attached.
3. Full contact details of the deceased's general practitioner/specialist have been provided.
4. Any other information that you consider relevant and which may assist in the assessment of your claim has been provided.

Policy and Claimant Details													
Full Name of Deceased Cardholder													
Date of Birth				/ /		Policy Number							
Card Number													
Card Type													
											<input type="checkbox"/> Joint Account		<input type="checkbox"/> Single Account
Name of Person Handling Estate													
Address of Person Handling Estate													
Telephone - Home				Business				Mobile					
Email Address													
Name, Address and Contact Details of Deceased's General Practitioner/Specialist													
Name													
Address													
Telephone - Home				Business				Mobile					
Email Address													

### Payment Details

If this claim is accepted by Chubb, payment will be made care of American Express unless a written instruction is received from American Express nominating an alternative beneficiary.

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

### Claim Privacy Consent

Chubb Insurance New Zealand Limited (Chubb) collects, uses and retains your personal information only in accordance with the principles in the *Privacy Act 1993*.

A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 (9) 377 1459.

Your personal information will be used by Chubb, or any third party that Chubb provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim or any associated complaint and for planning, product development and research purposes.

Your personal information includes:

- a) any information provided in relation to your claim or any associated complaint;
- b) any information that is health information or sensitive information;
- c) any other personal information that you may provide to Chubb or its third party contractors;
- d) any information relating to the insurance policy on your life, including terms and conditions and claims history;
- e) details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- f) any other information relating to your income and solvency.

To process your claim Chubb may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant 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 (the Parties). You agree that the Parties may disclose your personal information to Chubb.

Chubb may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. Chubb may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to Chubb's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, Chubb may not be able to process or assess your claim.

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](mailto:Privacy.NZ@chubb.com).

### Medical Authority and Declaration

I understand that by investigating my claim or by accepting proofs of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb's privacy officer.

I authorise any person or entity, including but not limited to the Parties referred to above, to provide to Chubb such personal information (including health information) as Chubb in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to Chubb in the assessment of my claim. I 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. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint Chubb to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of claimant		Date	/ /
Name of claimant <i>or</i> Legally Authorised Representative			
Signature of Witness		Date	/ /
Name of Witness			

## About Chubb in New Zealand

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Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

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. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates.

More information can be found at [www.chubb.com/nz](http://www.chubb.com/nz).

## Contact Us

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Chubb Insurance New Zealand Limited

CU1-3, Shed 24

Princes Wharf

Auckland 1010

PO Box 734

Auckland 1140

O +64 9 377 1459

F +64 9 303 1909

w [www.chubb.com/nz](http://www.chubb.com/nz)

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