

# Initial Medical Attendant's Statement

## Important Information

(To be completed by Registered Medical Practitioner at Claimant's Expense)

**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.**

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

Patient's name: (Please print)					
Address:					
Occupation:					
Date of birth:	/ /	Patient's age:			
Patient's sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:		Weight:	
Nature or illness/injury:					
Date symptoms first appeared:		/ /			
Date you were first consulted for this condition		/ /			
Date diagnosis made:		/ /			
For females, is the condition due to pregnancy?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, approximate conception and expectant dates:		/ /		/ /	
Has the patient ever had the same or similar condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state when and describe:		/ /	
Are you the patient's regular physician?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give duration of relationship:			
Has another Medical Attendant or Specialist been or is involved?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide name, address and dates of attendance:					
Telephone		Email			
Please provide a history of medication and treatment for the condition the patient is claiming:					

What medication and treatment is on-going or planned, including dates?

What date did the patient cease work? / /

How long was, or will, he/she be continuously and totally disabled from attending to his/her occupation?

Totally disabled: From / / To / /

How long was, or will, he/she be continuously and partially disabled from attending to his/her occupation?

Partially disabled: From / / To / /

Full or light duties?  Full Duties  Light Duties

Stipulate what limitation on duties (if any):

If hospitalisation was required, provide dates:

From / / To / /

Was the patient confined to bed at home on discharge?  Yes  No If YES, please advise dates:

From / / To / /

What date was the patient cleared from bed confinement? / /

If surgery was performed, describe procedure and give dates:

Please indicate probable duration of disability and prognosis:

Has patient requested medical evidence for current disability to be issued for any other source?  Yes  No If YES, please provide details:

Thank you for your assistance by completing this form. We are reliant on the information you provide to thoroughly assess our customer's individual situation and needs. We would welcome any additional comments or suggestions that you may have.

Name: (Please print)	
Signature:	
Address:	
Qualifications:	
Date:	
Telephone No:	

**Please attach copies of relevant hospital and specialist reports, including x-rays, scans and the like.**

## About Chubb

---

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

---

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  
E [A&Hclaims.NZ@chubb.com](mailto:A&Hclaims.NZ@chubb.com)  
w [www.chubb.com/nz](http://www.chubb.com/nz)

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