

# American Express Cardmember

## Claim Report Form

### Important Information

In order to submit your claim please complete the relevant sections.

**Policy and Claimant Details and Payment Details must be completed for all claims.**

**The privacy consent must be completed for all claims.**

The supporting documentation required for your claims is detailed below each section.

If your claim is for:

- Travel Cancellation/Loss of Deposits or Resumption of Journey also complete SECTION 1
- Medical Emergency Expenses Cover also complete SECTION 2
- Travel and Inconvenience or Emergency Expenses also complete SECTION 3
- Baggage, Money or Documents also complete SECTION 4
- Accidental Death/Transport Accident Cover (Permanent Disability) also complete SECTION 5
- Personal Liability also complete SECTION 6
- Loss Damage Waiver also complete SECTION 7
- Purchase Protection also complete SECTION 8
- Refund Protection also complete SECTION 9
- Buyers Advantage/Extended Warranty also complete SECTION 10

The issue and acceptance of this form does not constitute an admission of liability by the Company or a waiver of its rights.

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

Policy and Claimant Details							
Name of Cardmember							
Name of Claimant (Mr/Mrs/Miss/Ms)							
Card Number							
Card Type e.g. Platinum Charge Card, Blue Sky, etc.							
Date of Birth:	/	/	Occupation:				
Address:	Unit/House number/Street						
	Suburb		State		Postcode		
Telephone: Home		Business:		Mobile:			
Email:							
Travel Agent				Date of Booking Travel Arrangements	/	/	
Date of Departure	/	/	Date of Return	/	/		

## Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by Chubb:

a) For Cheque Payment: Payee Name (will appear exactly on the cheque)			
b) For Electronic Funds Transfer*:	Account Name		
Name of Financial Institution			
BSB/Branch Code Number		Account Number	

\* Please note that EFT is not an option on Travel Inconvenience, Purchase Protection or Refund Protection claims. Benefits will be credited to your American Express Account.

## GST Information (For Australian Claims Only)

a) Are you registered for GST Purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What is your Australian Business Number (ABN)?	
c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) If YES, what percentage of the GST did you claim or are you entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)	

## Section 1: Travel Cancellation/Loss of Deposit/Resumption of Journey Claim

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has been booked, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that supports the unforeseen circumstances that led to the cancellation, e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

\*Failure to provide these documents may result in processing delays.

What was the reason you could not commence or complete your proposed journey?


Was the cancellation as a result of injury/sickness to yourself?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the cancellation as a result of injury/sickness to some other person or close relative as defined in the Policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES - Name		
Address		
Relationship		Age
What was the nature of condition preventing travel?		
Date of first medical treatment	/ /	Has the injured/sick person had a similar condition in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, name and address of patient's normal doctor?		
Date of cancellation of travel bookings	/ /	
Amount of deposit paid and date paid		Date / /
Balance of full fare and date paid		Date / /
Value of forfeited portion of journey (if applicable)		
Have you attempted to obtain a refund?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES - Name of organisation (e.g. airline, travel agents, etc)		
Contact phone number		
Email address		
Refund received on cancellation		Full amount being claimed

Were any alternative arrangements offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details	
Did you accept any of these alternative travel arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what additional fares did you incur as a result of these arrangements?	

## Section 2: Medical Emergency Expenses Cover

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that shows proof of illness, e.g., a doctor's certificate or statement
3. Any document that shows proof of cost, e.g., a doctor's invoice or receipt

**\*Failure to provide these documents may result in processing delays.**

Type of Injury or Sickness		Date of Accident or Commencement of Sickness	/	/
If injury - please give full details of Accident				
Date of first medical consultation	/ /	Name of doctor or hospital		
List details of any other treatment by Doctors or Hospitals				

Dates in hospital	Date admitted	/ /	Time admitted		am/pm
	Date discharged	/ /	Time discharged		am/pm
List the overseas countries and the currencies where you incurred the medical costs	Country		Currency		Total Amount \$
	Country		Currency		Total Amount \$
	Country		Currency		Total Amount \$
Have you ever suffered from the same or similar complaint in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details, dates and names of treating physicians		

Name, address and contact details of usual family doctor	Doctor	
	Address	
	Phone Number	

How long has the doctor been known to the patient? \_\_\_\_\_

Itemise the expenses incurred

Name and Address of Medical Provider	Nature of Illness/Injury and Treatment	Currency	Amount

Are these expenses recoverable from any other source?  Yes  No If YES, please provide details and the amount

### Section 3: Travel Inconvenience/Emergency Expenses Claim

(For additional travel and accommodation, emergency clothing and requisites incurred during the journey)

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. An airline baggage irregularity report or similar confirming the delay
3. Notification from the airline or transport carrier confirming the reason for the delay
4. Proof of additional expenses, e.g., receipt/invoice

\*Failure to provide these documents may result in processing delays.

Expenses incurred as a result of		<input type="checkbox"/> Flight delay		<input type="checkbox"/> Flight cancellation		<input type="checkbox"/> Denied boarding	
Scheduled Flight No.				Departure Airport			
Scheduled Departure Time				am/pm		Actual Departure Time	
						am/pm	
Alternative Onward Flight No.				Date and Departure Time			
						am/pm	
Expenses incurred as a result of		<input type="checkbox"/> Missed connection					
Incoming Flight No.				From Airport			
						Scheduled Arrival Time	
						am/pm	
Scheduled Arrival Date				/ /		Actual Arrival Time	
						am/pm	
Confirmed Onward Connecting Flight No.				Departure Airport			
Destination				Date		/ /	
						Scheduled Departure Time	
						am/pm	
Alternative Onward Flight No.				Date		/ /	
						Departure Time	
						am/pm	
Expenses incurred as a result of		<input type="checkbox"/> Luggage delay (6 hours & above)		<input type="checkbox"/> Luggage delay (48 hours and above)			
Flight No.				Departure Airport			
						Destination	
Actual Arrival Time				Date		/ /	
						When your luggage was found	
Time Informed				Date		/ /	
Time Returned/Received				Date		/ /	
Date(s) expenses incurred		/ /		/ /		/ /	

List the Country and the Currency of the Country in which you incurred the costs

Country:		Currency:	
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List specifically the additional TRAVEL expenses

Details	Country Incurred	Currency	Amount	Date Incurred

List specifically the additional ACCOMMODATION expenses

Details	Country Incurred	Currency	Amount	Date Incurred

List specifically the additional EMERGENCY CLOTHING and REQUISITES expenses

Details	Country Incurred	Currency	Amount	Date Incurred

## Section 4: Baggage, Money and Documents Claim

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates proof of ownership
3. Any document that adequately supports the amount claimed, e.g., replacement invoices or repair quotes
4. Police report in the event of theft

**\*Failure to provide these documents may result in processing delays.**

Please provide details of how losses, damages or thefts occurred:

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Date of loss/damage/theft	/	/	Time	am/pm
Date of loss/damage/theft	/	/	Time	am/pm
Date of loss/damage/theft	/	/	Time	am/pm

Loss/damage/theft reported to (Police, Airline or other authority)

Were the articles lost/damaged by a carrier? (e.g. airline)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, name of carrier
Have you lodged a claim or complaint to any Carrier/ Airline or other Authority or against any individual responsible for the loss or damage to your property? If YES, give name and reference number	Name	
	Reference Number	

If NO, you should proceed to claim with your Airline/Carrier before submitting your claim to Chubb

If the items were lost, what action was taken to recover them?
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Are any of the items covered by other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, which company	Policy Number
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Were all the missing articles owned by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If not, please provide details

Description of damaged/ lost/stolen items	Name and address from whom goods were purchased	Date of Purchase	Original Purchase Price	Depreciation Deduction	Amount Received from Other Source	Amount Claimed

## Section 5: Accidental Death Claim/Transport Accident Cover (Permanent Disability)

The following documents are required for us to process your claim:

1. Original Death Certificate (which will be returned to you) in the event of loss of life
2. Original Birth Certificate (which will be returned to you) in the event of loss of life
3. Copy of Coroner's Depositions and Findings (if applicable) in the event of loss of life
4. Medical Practitioner's Statement in the event of a permanent loss of limb(s) or sight
5. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass

**\*Failure to provide these documents may result in processing delays.**

What was the cause of the accidental injury or death?

When did the accident or death occur?	Date	/	/	Time	am/pm
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In the event of accidental loss of life, was a coronial inquest held or is one to be held?

Yes  No

If YES, please give details

Name and address of usual family doctor

How long had the doctor been known to the injured or deceased?

## Section 6: Personal Liability Claim

The following documents are required for us to process your claim:

1. Letters or Demands of a claim made against you

**\*Failure to provide these documents may result in processing delays.**

Is the claim for Bodily Injury?

Yes  No

If YES, Name of Injured Party

Address of Injured Party

Details of injury

If NO, List of damaged property

Name of person claiming against you

Address of person claiming against you

Is the injury or damage related to a travelling companion?

Yes  No

Have you in any way admitted liability?

Do you consider yourself at fault?

Yes  No

If YES, why?

## Section 7: Loss Damage Waiver Claim

The following documents are required for us to process your claim:

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Any document that demonstrates that the car was hired, e.g., vehicle rental agreement
3. Any document that shows proof of cost, e.g., quote or invoice for repairs

**\*Failure to provide these documents may result in processing delays.**

Date of loss

/ /

Please provide a full description of the circumstances of the incident giving rise to this claim

## Section 8: Purchase Protection Claim

**NOTE - You must settle your American Express Account in full in the normal way while your claim is being processed**

**The following documents are required for us to process your claim:**

1. Original receipts or proof of purchase
2. Original AMEX statement of purchase
3. Police report(s) if the item was stolen
4. If your item(s) was damaged, a quote to repair the damaged item(s)

**\*Failure to provide these documents may result in processing delays.**

Description of item(s) including make, model, serial number(s)	Purchase Price (including GST)	Date of Purchase

Please provide details of what happened to the item(s) listed above

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When did this happen?	Date	/	/	Time		am/pm
Where did this happen?						
Date theft reported?	Date	/	/	Time		am/pm
Theft reported to						

Please provide a copy of Police Report and/or Crime Reference/Event Number

## Section 9: Refund Protection Claim

**NOTE - You must settle your American Express Account in full in the normal way while your claim is being processed**

**The following documents are required for us to process your claim:**

1. Original receipts or proof of purchase
2. Store Refund Policy
3. Original AMEX statement of purchase
4. Police report(s) if the item was stolen

**\*Failure to provide these documents may result in processing delays.**

Description of item(s) including make, model, serial number(s)	Purchase Price (including GST)	Date of Purchase

Please provide details of what happened to the item(s) listed above

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When did this happen?	Date	/	/	Time		am/pm
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**Section 10: Buyers Advantage Claim/Extended Warranty Claim**

NOTE - You must settle your American Express Account in full in the normal way while your claim is being processed

The following documents are required for us to process your claim:

1. Original receipts or proof of purchase
2. Original AMEX statement of purchase
3. If your item(s) was damaged, a quote to repair the damaged item(s)
4. Please include each Original Warranty Card for the purchased item(s)

**\*Failure to provide these documents may result in processing delays.**

Description of item(s) including make, model, serial number(s)	Period of Original Manufacturer's Warranty dd/mm/yy	Purchase Price (including GST)	Date of Purchase

Name of manufacturer		
Is the damage repairable?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what is the cost?	

Please provide full details of the breakdown or defect

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## 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 Insured		Date	/ /
Name of Insured			
Signature of Witness		Date	/ /
Name of Witness			

## About Chubb

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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. Insured.<sup>SM</sup>