

Expatriate Medical Expenses

Claim Form

Important information

Please ensure that all relevant sections of this claim form are fully completed. We are unable to consider assessment of your claim unless all information has been given. Failure to complete all information may result in delay in the assessment of your claim.

- The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.
- Each individual is to complete a separate claim relating to their expenses.

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 Nationality		
Is the patient entitled to Medicare benefits in Australia?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient hold Private Health Insurance?						<input type="checkbox"/> Yes <input type="checkbox"/> 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:

Australian Bank Account Details

Name of Financial Institution					
Account Holder's Name:					
BSB Number				Account Number:	
Bank Address					

Overseas Account Details

Name of Financial Institution					
Account Holder's Name:					
BSB Number/Routing Code/ABA Number/IBAN:				Account Number:	
Bank Address					
Currency for Refund			Swift Code:		

Section 3 - Overseas Medical and Dental Details of Amounts Claimed

Date of Service	Injury/Illness (e.g. sprained ankle)	Fully Describe Procedure, Medical Services, Supplies Furnished (e.g. x-ray, plaster, doctor consultation, physiotherapy, etc.)	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 Accident. If Sickness, give details of onset of condition

Date of First Medical Consultation	
Name of Doctor or Hospital	

Details of other treatment by Doctors/Hospital

Dates in Hospital:	Admitted		Time	
	Discharged		Time	

List the Country and the currency of the Country in which you incurred the medical costs

Country	Currency	Total Amount

Have you ever suffered from the same or similar complaint in the past?

Yes No

If Yes, give details, dates, names and addresses of treating physicians

Date	Physicians or Providers	Address

Chubb Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. Chubb collects, uses and handles your personal information only in accordance with the Privacy Act 1988 (Cth) (Privacy Act). A copy of our Privacy Policy is available on our website at www.chubb.com/au or by contacting our customer relations team on 1800 815 675.

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 and for planning, product development and research purposes.

Your personal information may include:

- a) any information provided in relation to your claim;
- b) any 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;
- c) any other personal information that you may provide to Chubb or its third party contractors;
- d) any information relating to any 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 (at any time); and
- f) any other information relating to your income, assets, liabilities and solvency; and
- g) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

To assess and 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), 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 (the 'Parties').

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. 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).

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 do not consent to the terms of this Privacy Consent and Medical Authority 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 customer relations team on 1800 815 675 or email CustomerService.AUNZ@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	
Name of Claimant	
Date	
Signature of Witness	
Name of Witness	
Date	

To be Completed by Representative 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 Expatriate/Inpatriate with effect from	
Cover (please tick)	<input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Single
Signature	
Name	
Title	
Contact Number	
Claim Reference (if known)	
Policy Number (if known)	

About Chubb in Australia

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. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength 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, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 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

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