CHUBB

Liability Claim Form

Instructions

Please download/save this Claim Form to enter your claim details.

To assist us to consider your claim as soon as possible please complete ALL questions in full.

The personal information collected on this Claim Form will be held by Chubb Insurance New Zealand Limited and you have rights of access to and correction of this information under the Privacy Act 1993.

Important: To assist the early settlement of your claim, please attach repair and/or replacement invoices.

A. Details						
Name of Insured:						
Policy Number:						
Postal Address:						
Business Telephone:				Home Telephone:		
Your Broker:						
Address of Broker:						
Date of Event:			between		and	
Where did the event occur?						
What happened, how did it happen and why?						

B. Policy Holder/Insured/Beneficiary Information							
Policy No:				Policy Type:			
Name:							
Address:							
City:		State:		Postcode:		Country:	
Phone No:		Mobile No:		Email:			^

C. Loss Information							
Date of Loss:				Cause of Loss:			
Type of Loss:							
Lawsuit Filed:		Claimant Name:					
Loss Description:							
Description of In	juries:						
Description of Property Damage:							
Description of Financial Loss:							
Any other relevant information:							

D. 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:

New Zealand Bank Account Details						
Name of Financial Institution			Account Holder's Name			
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			
Declaration						

I/we declare that all of the information given is true, correct and complete.

I/we agree to notify Chubb Insurance New Zealand Limited immediately if any of the lost or stolen property is subsequently recovered, and at Chubb's option surrender the property to Chubb Insurance New Zealand Limited or refund the amount of money received.

Privacy Consent

I/we:

- i. Understand that Chubb Insurance New Zealand Limited CU1-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include Health information) so that they can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
- ii. Authorise Chubb to obtain from other parties personal information (which may include Health information) about me that Chubb views as relevant to the claim;
- iii. Agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;
- iv. Understand that we have rights of access to, and correction of, personal information held by Chubb and that further details of this and Chubb's Privacy Policy are available at www2.chubb.com/nz-en/footer/privacy.aspx.

Signature of Insured:		
Name of Insured:	Date:	

Please click to submit your claim form

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurer. 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.

More information can be found at www.chubb.com/nz

Contact Us

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Chubb. Insured.[™]