

Uber Personal Injury

Claim Form

Important Information for your claim submission

Step 1: Gather the following documents:

- Images of your injury
- If your injury involved your vehicle, images of your damaged vehicle
- Hospital notes, discharge summary, imaging reports (e.g., x-ray report) or any other supporting medical documents that you may have as result of this injury
- Proof of Identification (please provide one of the following):
 - Australian passport or foreign passport
 - Australian state and territory issued identity photo cards
 - Australian Driving License

Step 2: Complete the below claim form. Pages 1 - 4 should be completed by you.

Step 3: Arrange for your treating doctor to complete the Medical Practitioners Statement on pages 5 - 6.

Step 4: Submit all of the above to **A&HClaims.AU@chubb.com**

Important Information

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.

1. Please complete the Policy Details Section and any of the following sections which relate to your claim.
2. Please ensure that this form is signed and that all questions are answered fully.
3. To avoid delay in processing your claim, please ensure that all necessary documentation specified in the section relevant to your claim is sent with this form.
4. Please click the submit button to email this form to Chubb and attach any applicable documentation required.
5. We now accept digital signatures on this form, please click in the signature field to add your signature.

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

Once the relevant sections been completed, please email it to us along with any supporting documents to **A&HClaims.AU@chubb.com**

Personal Details								
Claimant Full Name:								
Date of Birth:		Email:						
Address:								
City:					State:		Postcode:	
Phone Numbers:	Home		Business		Mobile			
Payment Details								
Electronic Funds Transfer Details								
Name of Financial Institution:				Account Holder's Name:				
BSB Number:				Account Number:				

Details of the injury

What is the injury?

How exactly did it occur? Please provide full details:

Date of Accident?

Time of Accident:

Location of accident (street name, nearest cross road, suburb etc.):

When did the accident occur?

On-Trip En-route to pick up Post completion of trip Cancelled trip

If post completion/ cancelled trip, at what time did you complete your last/ cancelled trip?

Were you unable to engage in any aspect of your duties as a Delivery/ Driver Partner? Yes No

If Yes, please provide dates you were unable to engage in your usual duties:

Are you engaged with any other Third-Party Delivery/ Driver Platforms? Yes No

Were you admitted into a hospital as a result of your injury? Yes No

If Yes, please provide us with an admission or discharge summary from the hospital or other relevant documentation that confirms your admission.

Hospital Name:

Address:

Dates of Admission and Discharge:

Admission

Discharge

Do any Pre-Existing Medical Conditions contribute to the injury?

If Yes, please provide the details:

Assault Benefit

If you wish to claim the Assault Benefit, please complete the following section, and provide the following documents:

1. Police report or other official police document with confirmation of charges being pressed against the perpetrator of the assault.
2. Witness Statement (this is your statement provided to the police).

Did the assault cause your injury? Yes No

Have you reported the assault to the police? Yes No

If Yes, what date did you report the assault to the police?

Any additional details:

Other Information

If you have incurred any expenses relating to your injury that you wish for us to assesses under the policy, please complete the following section, and provide a copy of the invoices/receipts confirming the details of the item or service received.

Item	Amount	Date Incurred

Please note that we are unable to pay for any expenses which would result in contravening the Health Insurance Act 1973 (Cth), the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Health Insurance Business) Rules as updated from time to time, or National Health Act 1953 (Cth) or any amendment to, or consolidation or re-enactment of, those Acts.

Other Information

Are you claiming insurance or compensation benefits from any other company? Yes No

If Yes, give details below.

Name of Insurer:	
Type of Insurance:	

Chubb Insurance Australia Limited, Claim Privacy Consent and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) collects, uses and handles your personal information in accordance with the Privacy Act 1988 (Cth). You can access a copy of our Privacy Policy on our website at www.chubb.com/au-en/footer/privacy.html or by contacting our customer relations team.

Your personal information will be used by Chubb, the Group Policyholder (being Uber and its subsidiaries) 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 including customer surveys.

In so far as it is relevant to the claim, your personal information may include:

- 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;
- information relating to other insurance policies, including terms and conditions and claims history;
- details of your contract or employment including position, period of employment, remuneration, hours worked and duties performed (at any time);
- information relating to your income, assets, liabilities and solvency;
- information from third persons including the Group Policyholder (being Uber and its subsidiaries) who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit;
- payment or billing information, such as bank account details, direct debit and credit card details or premium funding and insurance payment arrangements; and
- any other personal information that you may provide to Chubb, the Group Policyholder (being Uber and its subsidiaries) or its third party contractors.

Collection from and Disclosure to Third Parties

To assess and process your claim Chubb may need to collect your personal information from third parties such as, but not limited to, your insurance broker, claims reference services, the Group Policyholder (being Uber and its subsidiaries), 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 principal contractors or 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.

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 the Group Policyholder (being Uber and its subsidiaries), 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 related to the administration of your claim and the policy. 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). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

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'd like a copy of your personal information or wish to correct or update it, want to withdraw your consent to receiving offers of products of services from us or persons we have an association with, please complete Our Personal Information Request Form online or download it from www.chubb.com/au-en/footer/privacy.html and return to CustomerService.AUNZ@chubb.com or contact our customer relations team on 1800 815 675.

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

Privacy Consent, Declaration and Authority

I:

- consent to the collection, use and disclosure of my personal information in accordance with Chubb's Privacy Policy and this document for the assessment of my claim. This consent remains valid unless I alter or revoke it by giving written notice to Chubb as outlined above;
- understand that by investigating my claim or by accepting proof of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the insurance policy;
- agree to use my best endeavors and render all reasonable assistance and co-operation to Chubb in the assessment of my claim;
- 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;
- understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- authorise any person or entity, including but not limited to the third parties referred to above, to provide to Chubb such personal information as Chubb considers relevant for its assessment of my claim;
- authorise Chubb to disclose my personal information (including sensitive/health information) to other third parties referred to above (who may be located overseas) where relevant to the assessment of my claim;
- appoint Chubb to do everything necessary including to execute on my behalf any documents or do such acts as required to give effect to this Privacy Consent, Declaration and Authority.

Signature of Claimant	
Name of Claimant	Date

Please click to submit your claim form

Submit

Medical Practitioners Statement

The Claimant is responsible for any fee for this statement.

This statement should be printed and completed by your treating doctor with an accompanying signature and stamp.

Patient's Full Name

Height

cms

Weight

kgs

Date of Birth

Diagnosis (if fracture or dislocation, describe nature and location i.e. Simple, Compound)

Cause:

If available please provide a copy of X-ray report

Is this condition an injury or an illness

Does the patient have any other injury or illness that is contributing to the condition? eg: Osteoporosis

Yes No

If Yes, give details

Date of onset/first symptoms?

When did the patient first consult you for this condition?

Has the patient ever had the same or similar condition?

Yes No

If Yes, give details

How long have you been the patient's usual doctor/medical practice?

years

Has the patient been hospitalised?

Date of Admission

Date of Discharge

Name of Hospital

Name of patient's usual doctor/medical practice

Capacity for Activities: As a result of their Bodily injury, please indicate the patient's current functional capacity for their pre-injury work as a delivery/driver partner.

Please ensure to confirm the patient's capacity for each of the below tasks:

Lifting/Carrying Capacity:

Sitting Tolerance:

Standing Tolerance:

Bending/Twisting/Squatting Ability:

Driving Ability:

Motorcycle Riding Ability (e.g. motorbike, scooter):

Bicycle Riding Ability (e.g. push bicycle, e-bicycle):

Other (please specify):

Medical Practitioners Statement *Continued*

Was the patient disabled as a result of the injury? Yes No

Please complete as applicable:	<input type="checkbox"/> Totally Disabled	From:		To:	
	<input type="checkbox"/> Partially Disabled	From:		To:	

If applicable, when did the patient return to work? (please provide date)

Signature of medical practitioner			
Name - print		Date	
Qualifications			
Address			
Telephone Number			

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, 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, Paris and other locations, and employs approximately 34,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. With five branches and more than 800 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.

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