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Travel Insurance Claim Form For Seasonal Workers

Documents Required For All Claims:

For all claims, please complete this travel claim form parts 1 and 6 and any other parts relevant to your claim

Declaration

The information supplied by me on this form is true and correct and I have not withheld any information that is relevant to this claim. I understand that if I am not truthful or I exaggerate my claim or fail to disclose relevant information, then Chubb Life may decline my claim and/or cancel my policy.

I authorise the disclosure to Chubb Life of personal information held by any other person or organisation regarding or affecting this claim and authorise Chubb Life to release information regarding or affecting this claim to any person or organisation, including other members of the insurance industry, for claims, underwriting or industry purposes.

In respect of an accident or illness claim, I request and authorise any hospital, doctor or other person who attended or examined me to provide to Chubb Life or its representative any and all information concerning any illness or injury suffered, medical history, consultations, prescriptions or treatments and all hospital or medical records that may be included as part of the proofs of the claim submitted.

Signature	Х					Date	DD/MM/	YYYY
Part 1: S	Seasonal Work	er Details				Please complete	this part for ALI	_ claims.
Policy numb	per							
Name All Ir	nsured Travellers	s						
First name		Last name		Date of birth	DD/MM/	YYYY		
First name			Last name		Date of birth	DD/MM/	YYYY	
Phone numbers HOME				MOBILE				
Email								
Postal Addr	ostal Address							
Do you have insurance fo	,	Yes No [Please nam provider an					
Name The	Preferred Prima	ry Contact (if differe	nt than above)					
First name				Last name				
First name				Last name				
Phone numb	none numbers			WORK		MOBILE		
Email								
Postal Addr	229							

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Part 2: Travel Cancellation, Alteration or Delay

If your claim is due to cancellation, alteration or delay of your travel please complete this part.

Tell us what happened			
What is your claim for?	Cancelled Trip Altered Trip	Travel Delays	
Please help us un of events below:	derstand your timeline	If the claim was cau please answer these	used by a medical incident, e questions:
Date of Incident	DD/MM/YYYY	Name of person affecting travel	
Where did this happen? (City & Country)		What is their relationship to you? (e.g. self, mother, son)	
Date of accident, or date symptoms started (If medica	al) DD/MM/YYYY	Where do they live?	
Date you were made aware of the condition (If medical)	DD/MM/YYYY	What is the name	
Date you changed your trave	DD / MM / YYYY	and address of their NZ GP?	
Date and Time of original scheduled departure	DD/MM/YYYY	What was the injury or illness?	
Date and Time of actual departure	DD/MM/YYYY	If this person has suffered from this before, please tell	
Who advised you to change your travel?		us what happened AND when	
What costs are you claimin	g for?		
	Amount paid (NZD)	Date paid	Refunds received (NZD)
Transportation costs			
Accommodation costs			
Other costs			
Other costs			
Total			
Documents Required Fo	or Travel Cancellation, Alteration Or Del		
Evidence of costs incEvidence of refunds rIf you altered your tra	t that caused your travel changes (e.g. lett urred (e.g. invoices and card statements) received for all unused travel bookings avel, evidence of both original and new tra- ou to cancel or alter your trip: please get th	avel bookings	:s Statement' form
If you also incured me	edical expenses, please complete Part 3 o a death, please provide a Death Certifica	f this claim form	
Additional notes			

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Tell us what happened		,	in injury, inness or enterg	cincy derital treatment,	please complete this part.		
Who suffered the injury/illness?			were they when this happ Country)	pened?			
What treatment did they receive?				ncy Assistance nber (If relevant)			
Please help u	ıs understand your tiı	meline of events below:					
Date of accident, or date symptoms started		Have they had this or something similar happen before? DD / MM / YYYYY Please tell us more about this history					
Date of first consultation	n						
Date of hospital admissi	on	DD/MM/YYYY					
Date of hospital dischar	ge	DD/MM/YYYY	D/MM/YYYY				
What is the name and address of their home G	P?						
ACC claim number for tl (If relevant)	his illness/injury		Does this	person have health insu	rance? Yes No		
If yes, please specify the	e insurance provider						
Medical & Dental Expe	nses List:						
Name of medical provider	Type of medical expense	Date Paid	Cost (local currency)	Amount (NZD)	Payment method (eg cash, credit)		

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If your cash or travel documents were lost or stolen during your journey, Part 4: Cash & Travel Documents please complete this part. Tell us what happened DD/MM/YYYY Where did this happen? (City & Country) When did this happen? Report reference number (e.g. police report or PIR) If you did not report your loss/theft, please explain why Did you claim from your Please provide your Contents Contents insurer Yes No insurer name & policy number Lost/Stolen Items List: **Item Description** Who owned the item? Cost or value (NZD) Documents required for personal items & cash claims: Evidence that you reported your loss to the appropriate authorities (e.g. police report, airline PIR report) Evidence of ownership of lost/stolen items (e.g. original receipts, photos) Evidence of any compensation or refunds received from a 3rd party For lost/stolen cash: Evidence of ownership (e.g. cash withdrawal receipt) Additional notes

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Part 5: Personal Liability If during your journey you become legally liable to pay damages and compensation for bodily injury or loss of/damage to property, please complete this part. Tell us what happened Date of incident DD / MM / YYYY Location of incident (City & Country) Who is claiming against you? What are their contact details? (Postal or email address, phone number etc) What is your relationship to them? Did you admit liability Yes No Please explain the reason for this What is the cost of the liability? (Please include the currency used)

Documents required for personal liability claims:	
Copies of all correspondence with third parties that are claiming against you	
Copies of reports from the police or other authorities, if a report was made	

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Part 6: Payment Details	Please complete this part for ALL claims.
To ensure prompt assessment of your claim, please ensure that:	
The claim form Declaration has been signed (see page 1)	
Documents have been translated into English at your own expense	
You have provided all the required documents specified in each part of the claim form you confurther documents as required to support your claim.)	mpleted. (Please Note: We reserve the right to reques
The claim form and ALL supporting documents may be sent to us by any of the following met	thods:
Post: Chubb Life Travel Claims, Private Bag 92131, Victoria Street West, Auckland 1142	
Email: contactus@seasonalworker.chubb.com	
If you have any questions or need help filling in this form, please call us on 0800335125 or email We are available from $8:30$ am to $5:00$ pm Monday to Friday, and will be happy to help.	contactus@seasonalworker.chubb.com
Payment Details	
Claim proceeds will be credited directly into your bank account. Direct crediting enables almost in associated with mailing cheques, clearance delays and mail problems.	mmediate access to funds and removes the risk
Please note: we cannot deposit into a credit card account.	
Insert your nominated bank account number below:	
Name of account holder	

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