

Claim form

Overseas Officers Insurance Policy

Contents



Arranged by Mutual Brokers
ABN 73 008 602 266
AFSL Number 243387



Policy issued by
Chubb Insurance Company
of Australia Ltd
ABN 69 003 710 647
AFSL Number 239778

This form should be emailed to opi@mutualbrokers.com.au.
Any additional attachments should also be emailed to this
address

YOUR DETAILS

Mr Mrs Miss Ms Other

Family name

First given name

Date of birth

Sex

Male Female

Current address

Country

Postcode / Zip Code

Home phone number

Business phone number

Mobile phone number

Email

Employer's name

Were you employed at the time of suffering the loss?

Yes No

If No, provide full details

DETAILS OF THE CLAIM

Location where event occurred

Name of any other interested party

Date of event

Time of event

Date	/	/		<input type="radio"/> am	<input type="radio"/> pm
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Are you insured elsewhere for loss or damage?

Yes No

Brief description of the event, including cause of loss or damage

If Yes, provide the insurer's details

Name of insurer

Insurer's address

Postcode / Zip Code

Amount claimed as shown on detailed statement of claim

\$

If the claim is for loss by burglary or theft, describe the method of entry

Have the police been notified? Yes No

If Yes, what station?

Who notified the police?

Date police notified

Date	/	/
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Please attach a copy of the Police Report.

Have you taken any other action to recover or reduce the loss?

Yes No

If Yes, please provide details

Name of owner of property lost or damaged if different to claimant

DETAILED STATEMENT OF CLAIM

Full description of property lost or damaged	Name and address where purchased or acquired	Date purchased or acquired	Replacement cost
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$

Total \$

DECLARATION (to be signed by the claimant)

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained, excluding any profit or advantage.

I/We hereby undertake and agree to notify Chubb immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of Chubb to return the property or to refund the amount of money received by way of compensation in respect thereof.

I declare

Signature

Date

PAYMENT DETAILS

Payment via EFT

Would you like to receive payments by Electronic Funds Transfer? Yes No

Please ensure the bank account details supplied are accurate to ensure you receive any payments.

Name of bank, building society or credit union

Branch where your account is held

Branch address

Postcode / Zip Code

Branch number (BSB)

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Account name

Account number

Swift code (for international transfers)

Payment via cheque

Would you like to receive payments by cheque?

Yes No

Name of payee

Mailing address

Country

Postcode / Zip Code

AUTHORITY TO GIVE INFORMATION (to be signed by the claimant)

Your Access

You have the right to access the information collected on this form

Our use of your information

We will use the information you have given us to:

1. underwrite your policy;
2. ascertain the value of your policy and things insured by it;
3. process your policy;
4. respond to claims that you make; and
5. assess future proposals for insurance.

Disclosure of your information

We may disclose the information you have given us to the following organisations (some of which may be outside Australia):

1. re-insurers, to underwrite your policy;
2. external valuers, to ascertain the value of your policy and things insured by it;
3. organisations that provide services to us in relation to the provision of insurance, to assist us in processing your policy or your claims (for example, investigators, assessors, information technology contractors and lawyers); and
4. organisations that provide services to us in relation to the management of insurance risks.

If you do not provide us with your information

We need this information to insure you and or, your property against any insurable losses and to respond to any claims you may make. If you do not give us this information we cannot insure you against such losses.

Our privacy policy

Please contact us if you would like information about our privacy policy.

Statement of consent

I give the information contained in this form to the Chubb Insurance Company of Australia Limited (Chubb) for any of the above purposes. I understand that this information may be disclosed to, and held by, any organisations set out above for the purposes outlined. I consent to Chubb using the information contained in this form for these purposes, and disclosing it to the organisations set out above for these purposes.

I consent

Signature

Date

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