

# Claim form

## Overseas Officers Insurance Policy

### Personal Liability

**MB** MUTUAL  
BROKERS  
PTY LTD

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](mailto: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 the event?

Yes  No

If No, provide full details

  

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## DECLARATION (to be signed by the claimant)

I/We do hereby declare that the foregoing answers are true and correct, and that the information detailed above is a true and faithful account of the actual event, excluding any profit or advantage.

I declare

Signature

Date

## 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 declare

Signature

Date