



Chubb Insurance Company of Australia Limited

A.C.N. 003 710 647

Locked Bag No. 13, Australia Square, NSW, 1215

CORPORATE TRAVEL CLAIM FORM

Name of employee, director etc.: _____

Purpose of Journey (i.e., connection with Insured company / organisation):

Destination of Journey: _____

Date Journey Commenced: _____

Date Journey Completed: _____

Date of Loss: _____

Relationship of person who has had the loss/illness with the Insured organisation (e.g. spouse or child of employee, employee, director):

Claimant under 80 years?: yes _____ no _____

Circumstances of Loss (i.e. what happened):

Amount being claimed (Specify currency): _____

If theft was involved, please provide details as to reporting the incident to the police or appropriate authority:

Contact Information of Claimant (to assist quick handling if any clarification is needed):

phone: _____

fax: _____

email: _____

Please attach any receipts or documentation to support your claim.

If you have any questions about your claim please telephone Chubb's claims department on Sydney 9273 0100.

Signature of Claimant _____ **Dated** _____