

Injury Claim Form

Menulog (Policy Number: 02PO030404)

Completing This Claim Form

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

General Information			
Name			
Address			Postcode
Date of Birth		Sex (Please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Policy Number	02PO030404	Phone (Business hours)	
Phone (After hours)/ Mobile		Email	
Accident Details Which Lead To Injury			
Date of Accident		Time of accident	
Accident occurred during			
Location where accident occurred			
Did accident involve a collision with a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes to the above, please provide the name of the driver (if known):			
Please provide description and registration of the vehicle (if known):			
Please provide a detailed description of how the accident occurred:			
Have you notified the State motor Compensation body (Eg TAC, CTP etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes which one?			
Are you able to claim for, do you intend to claim for, and/or have you already claimed for costs & expenses related to your injury with any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you engaged with any other Third Party Delivery Driver Platforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Injury Details

Give a full description of the injury, which you are suffering:

Have you ever had this or a similar condition in the past?

Yes No

If Yes to the above, please state nature and condition

When was the condition treated?

Name of doctor who treated the condition

Doctor's address

Doctor's phone number

Other Insurance

Are you a member of a private health fund?

Yes No

If Yes to above, which one?

Hospital cover?

Extras cover?

Authority To Give Information

I/we hereby authorise any doctor or medical attendant who has treated me or examined me or any person or firm who employs or has employed me to give the insurer such information as it may require regarding any injury or illness to me or my physical or mental condition or prognosis, or my employment, to assist in the proof and settlement of my claim. A photocopy of this authority can be acted upon as if it were original.

Signature

Date

Note: The issuing or the receipt of this claim form is not to be construed as an admission of liability on the part of Chubb Insurance Australia Limited.

Medical Practitioner Statement

(The Covered Person is responsible for completion of this form without expense to the company)

Name			
Address			
Age		Sex	

What is the exact diagnosis of the injury/condition that the disabling patient is suffering from? (Please give a complete diagnosis of this condition)

History

When did the patient first receive medical treatment?		
Was there a previous history of this or a similar condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, please state condition and advise when previous treatment given:		

How long have you known the patient?		
Are you the regular general practitioner? If No to above, please advise who is below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Injury Details

When did patient suffer the injury?		
What are the circumstances surrounding the injury?		

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):	

Patient's occupation	
When was the patient obligated to cease work?	

When approximately will the patient be able to resume work?

a) Some duties		b) Full duties	
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If patient has recovered, when was patient able to resume work?

a) Some duties		b) Full duties	
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Treatment of Present Condition

When were you most recently consulted?

How often has patient consulted you?

Was the patient confined to hospital? Yes No

If Yes to above, please advise hospital name

Address

Period of confinement	From		To	
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Was confinement in a convalescent home necessary after hospitalisation? If Yes, please provide details below: Yes No

What are the current subjective symptoms?

Please give results of any objective finding:

a) X-rays:

b) Other test - Please advise test done and findings:

What surgical procedures have been performed?

What surgical procedures have been contemplated?

What other treatment has the patient undergone?

What other treatment is required?

Are there any underlying conditions affecting recovery from the current condition? Yes No

If Yes to above, please advise nature of underlying conditions and how they affect disability and recovery:

Has the patient any other physical or mental impairment? If Yes, please describe below: Yes No

Please advise names and addresses of other treating physicians:

Name	Address	Telephone

If you have terminated treatment, please advise date

What is your current prognosis?

Are there any further remarks, which may assist in assessing this condition? If Yes, please provide remarks below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there any permanent disability present? If Yes, please explain giving estimated percentage of loss of function below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	
Phone	
Address	
Signature	
Date	
Qualifications	

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, or third parties engaged by Chubb, 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:

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

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 33,000 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 protect and individuals purchasing travel and personal accident 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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