

Aviation Insurance

Claim Form

Important Information

- Please ensure this Form is completed in all Parts applicable to your claim.
- Supporting documentation required is detailed on page 6 of this form.
- The issue and acceptance of this Form does not constitute an admission of liability by the Insurer or a waiver of its rights.

Please complete this form and email it, along with all attachments, to aus.aviationclaims@chubb.com

Details of Insured						
Name of Insured						
Contact Name	Telephone number					
Insured's Reference						
Postal Address			Postcode			
Email Address						
Claim Payment Details						
Please provide details for payment of your claim in the event that it is deemed covered by Chubb:						
For Electronic Funds Transfer:						
Account Name						
Name of financial institution						
BSB/Branch code number			Account number			
Details of Broker						
Name of Broker						
Contact Name	Telephone number					
Broker's Reference						
Postal Address	Postcode					
Email Address						

Details of Policy									
Policy Number									
Period of Cover	From					То			
Aircraft details									
Aircraft type									
Registration									
Is the aircraft financially encumbered? Yes No						No			
If Yes, please specify the type of financing									
Please provide the name, address, contact telephone and e-mail of financier:									

Pilot details (ap	pend addition	al sheet for other pilots as rec	quired)		
Full name					
Address					
Email					
Business Telepho	one No.			Mobile Telephone No.	
After hours Telep	bhone No.			Facsimile No.	
License number				License type	
Other qualification	ons and/or ratin	gs			
Total time of the	Pilot				
Total hours flown	n in the 90 days	preceding the occurrence			
Hours flown on ty	ype in the 90 da	ays preceding the occurrence			
Fixed-wing piston				Fixed-wing turbine	
Helicopter piston				Helicopter turbine	
Date of endorsement for this aircraft type			Time on type		
Last flight review date				By whom	
Last check & training date				By whom	
Date of last medic	Date of last medical check			Valid until	
Additional rating	s and/or endors	sements (as applicable)			
Agricultural	Fixed wing				
	Helicopter				
	Chemical				
Mustering	Date			By whom	
	Hours				
Low-flying	Date			By whom	
External lift	Date			By whom	

Details of Accident							
Location							
Date							
Nature of flight	ght						
Origin, destination(s) and layover(s)							
Phase of flight during occurrence							
All-up weight at the time of	foccurrence						
Passenger name(s)							
Describe any pilot and/or passenger injuries							

Witness name(s) and contact details

Describe in detail the circumstances of the occurrence

Describe the damage to the aircraft (and include photographs)

Describe in detail any property damage (baggage/cargo/building/fences/vehicle/other aircraft/etc)

Any other parties involved who may be responsible for the loss/damage?

Terrain details (as applicable)							
Airstrip	Length			Alignment			
	Surface			Level/Incline			
	Wet/dry						
Licensed airport/private/agriculture./etc.							
Owner							
Off airport (describe terrain, surface, if any vegetation/crop etc).							

Aircraft Technical Details						
Airframe serial number			Model year			
Airframe total time at the time of occurrence						
Maintenance release no.						
Issued by			Date of issue			
Valid to	Hours		Date			
Signed						
Date						

Documents Required

Please provide any documents in support of your claim as well as any letters of demand notices of any claim made against you.

Claim Privacy Consent and Declaration

Claim Privacy Consent

This statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, store, use, disclose, retain, give access to, and correct Your personal information. Our Privacy Policy may change from time to time, the updated Privacy Policy will be posted on Our <u>website</u>. Please review Our Privacy Policy for more information about how We manage Your personal information. You can contact the Privacy Officer about Your personal information at:

Privacy Officer Chubb Insurance New Zealand Limited PO Box 734 Auckland +64 (9) 3771459 NZlegal.privacy@chubb.com

How We handle Your personal information

Chubb is committed to protecting Your privacy in accordance with the requirements of the Privacy Act 2020, as amended or replaced from time to time.

How We collect Your personal information

Chubb collects Your personal information (which may include health information) from You when You interact with Us. You interact with us when You are applying for, changing, or renewing an insurance policy or when We are processing a claim, complaint, or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our Privacy Policy.

Why We collect Your personal information

We collect and hold Your personal information for us to offer products and services to You. This includes offers to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint, or dispute under a policy.

If You do not provide Us with Your personal information, We may not be able to provide You or Your organisation with insurance. We may not be able to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation without Your personal information.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You.

Who else might receive Your personal information

We may disclose Your personal information to third parties, including:

- contractors and service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf. For example, actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus, call centers, and marketing agencies.
- intermediaries and service providers engaged by You, such as current or previous brokers, travel agencies and airlines.
- other companies in the Chubb group.
- the policyholder if the insured person is not the policyholder.
- insurance and reinsurance intermediaries, other insurers, Our reinsurers and other parties involved in the policy or claim, such as Natural Hazards Commission Toka Tū Ake.
- government agencies or organisations when We are required to by law or otherwise.
- If these third parties are located outside New Zealand, We take steps to ensure Your personal information remains adequately protected.

You can access and correct Your personal information

If You would like to correct, update, or access a copy of Your personal information, or withdraw Your consent to receiving offers of products or services from Us or Our associated organisations, then please contact the Privacy Officer at the contact details noted above.

How to make a complaint

Please contact Our Complaints and Customer Resolution Service (CCR Service) if:

- You are not satisfied with Our organisation, services, or response to Your enquiry.
- You have any concerns about Our treatment of Your personal information.
- You believe there has been a breach of Our Privacy Policy.

Complaints and Customer Resolution Service (CCR Service) Chubb Insurance New Zealand Limited PO Box 734 Shortland Street Auckland 1140 +64 9 377 1459 Complaints.NZ@chubb.com

You also have a right to complain directly to the New Zealand Privacy Commissioner by telephoning 0800 803 909, emailing <u>enquiries@privacy.org.nz</u> or using the online form available on the Office of the Privacy Commissioner's website at <u>www.privacy.org.nz</u>.

Declaration

I 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 policy.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb's privacy officer.

I authorise any person or entity, including but not limited to the parties referred to above, to provide to Chubb such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavors and render all reasonable assistance and co-operation to Chubb in the assessment of my claim. I 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. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint Chubb to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent.

Signature of claimant		
Name of claimant	Date	
Signature of claimant		
Name of claimant	Date	

About Chubb in Australia

Chubb is a world leader in insurance. 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. The company is 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 employs approximately 40,000 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 insure and consumers purchasing travel 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

Contact Us

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www.chubb.com/au

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