

Event Registration (Refund) Insurance Claim Form

Applicant's Details

| | |
|----------------------|----------------------|
| Insured Name | Policy No |
| <input type="text"/> | <input type="text"/> |

Insured Address:

| | | |
|----------------------|----------------------|----------------------|
| State | Postcode | Phone No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Mobile No | Email |
| <input type="text"/> | <input type="text"/> |

Event name

| | |
|--------------------------|------------------------|
| Event start date / time: | Event end date / time: |
| <input type="text"/> | <input type="text"/> |

| | |
|--|-------------------------------------|
| No. of registrations being claimed for | Registration No/s. (if applicable): |
| <input type="text"/> | <input type="text"/> |

Please describe the reason and circumstances preventing you from attending the Event:

| | |
|--|----------------------|
| Date(s) and time you missed the Event: | Amount claimed: |
| <input type="text"/> | <input type="text"/> |

Is any third-party to blame? Yes No

If Yes to the above, who?

Have the police been notified? Yes No

If Yes to the above, what station:

| | |
|----------------------|----------------------|
| By whom? | Date |
| <input type="text"/> | <input type="text"/> |

Please provide Police report No. (if applicable)

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

Yes

No

If Yes to the above, please describe:

Details of any other insurance, you or others may have covering this loss:

For the purpose of any claim payment to be made to the Insured under the Policy, please provide Your bank account details for Electronic Fund Transfer (EFT) purposes:

Name of Bank

Account Name

BSB

Account No

For international payment please provide the Bank Swift Code:

Bank Address:

For international payment, please specify the preferred currency of payment (e.g. USD):

Please provide relevant supporting documents as applicable from the below list:

Doctor's certificate / medical report confirming illness / injury / death (if illness / injury / death prevented your attendance at the Event).

Police report confirming traffic collision/damage to residence/assault (if this prevented your attendance at the Event).

Letter from fire brigade, state emergency services confirming damage to residence (if this prevented your attendance at the Event).

Letter from relevant State Government Office, such as Office of the Sheriff in NSW confirming jury duty (if requirement for jury duty prevented your attendance at the Event).

Evidence of booked flights and letter from airline confirming delay (if airline flight delay prevented your attendance at the Event).

Letter from public transport operator confirming time and place of mechanical breakdown (if use of public transport prevented your attendance at the Event).

Letter from private vehicle owner and repair mechanic/road side assistance service confirming time and place of mechanical breakdown (if mechanical breakdown of private vehicle prevented your attendance at the Event).

Letter from employer confirming redundancy, relocation or military duty (if this prevented your attendance at the Event).

Please ensure these documents confirm the time and date of the problem arising and describe the extent of the problem.

Privacy

Important Privacy Notice - We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy policy is available at www.srgsport.com.au or by contacting us.

Declaration

The undersigned authorised officer of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned authorised officer agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued. The undersigned authorised officer, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

Signature

Name & Position

Date:

Contact

Please return this form together with attachments to: **aus.ticketclaims@chubb.com**

If you need to discuss your claim by telephone then please contact Chubb at: **+61 2 9335 3200**

CHUBB®

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