

# CHUBB CLAIMS ONLINE PORTAL INSTRUCTIONS FOR STAFF

Please tell us the policy details

Please enter your Policy Number below \*

03PP006831

Tell us about yourself

Are you making this claim on your own behalf? \*

Yes  No

Who are you in relation to the policy? \*

Policy Holder - Employee

Fill in your own personal details.

Ensure you give your email address to enable the insurer to contact you if needed.

Please share information about the Employer as well

Employer Name \*

Flinders University

Country \*

Australia

Address Line 1 \*

Sturt Road

Address Line 2

Address

Suburb \*

Bedford Park

State \*

South Australia

Postal Code \*

5042

Please provide the email address of the Employer \*

Leave this blank

Did the incident result in cancellation or curtailment? \*

Cancellation

What was the reason for cancellation / curtailment? \*

Disruption of travel

Personal or family member Illness / Injury

Catastrophe

Disruption of travel

Home Burglarized

Add the details of your claim and submit.