

**ZURICH**

Business Travel Insurance

Claim form

Branch
Policy No.
Due date
Broker/Agent
Address

Claim No. (Office use only)

Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

General Insurance Code of Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to www.zurich.com.au and select About Zurich.

Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request, or on our website - go to www.zurich.com.au and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at Privacy.Officer@zurich.com.au or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

1 Part A – Policy and Insured Person Information – All questions in this section must be answered.

Personal details

Name of insured (Company)	Policy number
Name of traveller	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
Occupation	Date of birth / /
Address	State Postcode
Telephone: Home ()	Business () Mobile
Email address	

Journey details

Travel agent	
Date of booking travel arrangements / /	
Date of departure / /	Date of return / /
Did the loss occur whilst on authorised business travel?	Yes ☐ No ☐

1 Part A – Policy and Insured Person Information (continued)

Electronic Funds Transfer Details

Following our approval of your claim, should you wish to have your settlement transferred directly into your bank account, please provide the following details.

Name of financial Institution

Account name

BSB number

–

Account number

2 Part B – Overseas Medical Expenses

Were the medical expenses incurred as a result of an – Injury ☐ Sickness ☐

Give full details

Date of accident or commencement of sickness

/

/

Date of first medical consultation

/

/

Name of doctor or hospital

Details of treatment by doctors or hospital

Dates in hospital – Admitted

/

/

Time

am ☐

pm ☐

Discharged

/

/

Time

am ☐

pm ☐

Have you ever suffered from the same or similar complaint in the past?

Yes ☐

No ☐

If 'Yes', give details, dates, names and addresses of treating physician

Name and address of usual family doctor

List the country and currency of the country in which you incurred the medical expenses

Country

Currency

Total Amount of Expenses \$

Country

Currency

Total Amount of Expenses \$

Country

Currency

Total Amount of Expenses \$

The following items must be included with this claim

☐ Original Doctor's/Hospital accounts and receipts.

☐ Original doctor's certificate verifying nature of complaint suffered by you.

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of these items please advise the reason.

3 Part C – Travel Disruption

Additional Expenses

Dates expenses incurred – from / / to / /

Reason for incurring additional travel or accommodation expenses

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List the country and the currency of the country in which you incurred the costs

Country

Currency

List specifically the additional travel expenses

Details	Amount
	\$
	\$
	\$
	\$

List specifically the additional accommodation expenses

Details	Amount
	\$
	\$
	\$
	\$

Were the expenses incurred as a result of an injury or sickness claimed in Part B of this claim form

Yes ☐ No ☐

If these expenses were incurred as a result of injury or sickness to any other person, please give details of cause, name, address, age of person and their relationship to you.

Name

Age

Address

Relationship to you

Cause

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Cancellation / Loss of deposit expenses

What was the reason you could not commence or complete your journey?

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Was the cancellation as a result of injury/sickness to yourself?

Yes ☐ No ☐

Was the cancellation as a result of injury/sickness to some other close family member or person as defined in the policy?

Yes ☐ No ☐

If 'Yes', please give details of cause, name, address, age of person and their relationship to you.

Name

Age

Address

Relationship to you

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3 Part C – Travel Disruption (continued)

Nature of complaint preventing travel

Date of first medical treatment / /

Has the injured/sick person had a similar condition in the past?

Yes ☐ No ☐

Name and address of patient's normal doctor

Date you or your employer advised travel agent to cancel booking

/ /

Amount of deposit paid and date

\$

/ /

Balance and full fare and date paid

\$

/ /

Value of forfeited portion of journey (if applicable)

\$

Refund received (or entitled to) on cancellation

\$

Full amount being claimed

\$

Were any alternative arrangements offered?

Yes ☐ No ☐ If "Yes", please give details

Did you accept any of these alternative arrangements?

Yes ☐ No ☐

What additional fares did you incur as a result of the arrangement?

Missed transport expenses

What was the reason that caused you to miss your transport connection?

What was the scheduled meeting / conference that you were required to attend?

Date / /

Start Time

Destination

What additional expenses were incurred for alternative public transportation?

Details	Details of currency that the expenses were paid	Amount
		\$
		\$
		\$
		\$

The following items must be included with this claim

☐ Receipts and/or tickets relating to additional expenses incurred

☐ Proof of cause. i.e. original doctors/hospital certificate relating to injured or sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport

☐ Letter from travel agent or carrier detailing the reason for additional expenses and/or any refund applicable.

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of these items please advise the reason.

4 Part D – Baggage

Loss/theft or damage to baggage

Give full details on how losses, damage or theft occurred (Detail each event)

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Loss / Damage reported to: Police Yes ☐ No ☐ Report number

Airline Yes ☐ No ☐ Claim Number

Were articles lost/damaged by carrier? Yes ☐ No ☐ Detail

(You need to claim compensation from the transport carrier e.g. airline in the first instance before submitting your claim to us – for luggage lost by transport provider).

Are any of the items covered by other insurance? Yes ☐ No ☐

If 'Yes', which company Policy Number

Were all the missing articles your property? Yes ☐ No ☐

Claim amount					
Item e.g Cannon Camera, Model IXUS 95	Age e.g: 1 year	Employer Owned ✓	Personal Item ✓	Currency e.g. USD	Purchase Amount AUD \$

Delayed luggage claim

Date your flight arrived / / Date your luggage arrived / /

How long was your luggage delayed? hours ☐ days ☐

Essential items purchased e.g: toiletries	Currency e.g. USD	Amount Paid

The following items must be included with this claim

☐ Proof of ownership of lost / damaged / stolen items (receipts / photographs, instruction booklets)

☐ Receipts or quotes for replacement items

☐ Police / Authority report or event number (where available)

☐ Response (acceptance / denial) from transport provider (e.g. airline) after claim for lost luggage including reimbursement amount

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of these items please advise the reason.

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5 Part E – Vehicle excess waiver

Date of incident / / Country Location

Are you claiming for collision / theft / or damage to Rental vehicle ☐ Personal vehicle ☐

Please advise how the accident / damage / theft occurred?

If it was a rental vehicle:

Was it hired from a licensed rental agency? Yes ☐ No ☐

What was the excess you were liable to pay? \$

If the damage to the vehicle was under the applicable excess of the rental agreement, what was the repair cost? \$

What is the amount you are claiming? \$

If it was your personal vehicle:

Was the car comprehensive insured? Yes ☐ No ☐

Were you liable to pay an excess when claiming under your comprehensive insurance this policy? Yes ☐ No ☐

If 'Yes', how much? \$

If the damage to the vehicle was under the applicable excess of your comprehensive insurance policy, what was the repair cost? \$

What is the amount you are claiming? \$

Was your no claim bonus affected as a result of the claim? Yes ☐ No ☐

If 'Yes', what was the value in dollars of the loss of or reduction in your no claim bonus? \$

What is the amount you are claiming? \$

The following items must be included with this claim

If for collision / damage / theft to a rental vehicle

- ☐ A copy of the rental agreement showing the excess amount you were liable to pay and provide substantiation of payment.
- ☐ A copy of the police report or police event number (where available).
- ☐ A copy of the rental vehicle repair invoice from the hire company.
- ☐ Documentation evidencing payment of excess or deductible.

If for collision / damage / theft to your personal vehicle

- ☐ A letter from your motor vehicle insurance company stating, in dollar value the amount of the excess paid and/or the dollar amount of any no claim bonus forfeited.
- ☐ If the cost of repairs is under the applicable excess, the name of the firm and the receipts for carrying out the repairs to your vehicle.

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of these items please advise the reason.

6 Part F – Additional benefits

If your claim relates to any of the additional benefits included under your policy on pages 32 and 33 of our policy wording, please confirm the nature and value of your claim.

Additional Benefit	Amount being claimed AUD \$

The following items must be included with this claim

☐ Receipts for expenses related to any claim made for the above

☐ Police / Authority report or event number (where available)

☐ Any other relevant supporting information for claims relating to any of the additional benefits provided by our policy

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of these items please advise the reason.

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7 Declaration

I declare that the information I have provided is accurate and correct. I have not withheld any information that would affect the result of this claim. I understand that if the information provided is incorrect or inaccurate my claim may be refused.

Signature of the claimant	Date
X	/ /

Please return this claim form to:

Zurich Australian Insurance Limited
Accident & Health Claims
Locked Bag 2138
North Sydney NSW 2059
Australia