



ZURICH®

Corporate 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 or 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 <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> |
| 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 <input type="radio"/> No <input type="radio"/> |

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 \$ |
|---------|----------|-----------------------------|
| | | |
| | | |
| | | |

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.

.....
.....
.....

4 Part D – Baggage

Loss/theft or damage to baggage

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

.....

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.

.....

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.
.....
.....
.....

