

IMPORTANT: please read this before you start

Use the check list below to help you complete your claims form, and identify documents you will need to attach. We don't want you to miss something. Delays can occur or claims may be denied because of missing information.

Please be aware that your claim for insurance benefits may be subject to an excess, refer to your policy booklet for details and to see if it applies in your claim circumstance. Visit www.zurich.com.au for access to your policy document and a list of 'frequently asked questions'.

Claims Checklist

For all claims the following documents must be sent to us along with this claim form:

- ☐ Complete **Section A** of this claim form
- ☐ Attach your travel itinerary (available from your travel agent)
- ☐ Attach your receipt from the travel provider showing the full cost of the return travel tickets or minimum prepaid travel expenses
- ☐ Attach your monthly credit card statement showing the following:
 - Account holder's full name and address (i.e. statement's front page)
 - Purchase of the travel tickets for or prepaid travel expenses prior to journey commencing and ending in Australia
- ☐ Please ensure **you keep copies** of your claims submission and supporting documentation.

Section A: All claims

1 Details of Claimant

For efficient and prompt communication we will use email where available. Please ensure your details are clear and correct.

Title	Surname	First name(s)	
Date of birth	/	/	Please state if primary or secondary cardholder
Postal address		State	Postcode
Private phone number		Business/mobile phone number	
Email			

2 Details of the credit card

Please remember to include your Credit Card Statement showing your name and address and details of Travel purchases.

Bank / Financial Institution
 Name of primary cardholder Name of secondary cardholder

3 Direct Deposit

In cases where cash settlement applies, the reimbursement amount can be deposited directly into your bank account (no credit cards can be credited). Should you prefer direct deposit, please provide the following details. If you do not complete the following details, we will post a cheque which may take additional time.

Name of account				Type of account					
BSB (branch number)				Account number					

4 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 / /

Please return this claim form to:

**Zurich Australian Insurance Limited
Credit Card Claims Services
Locked Bag 2138
North Sydney NSW 2059
Australia**

Section A: All claims *continued*

5 Details of the event

Date of event / /

Time of event

☐ am ☐ pm

Country and location

Reported to

Description of event giving rise to this claim

If your claim is due to someone's state of health, please provide details of this person:

Surname of person

First name

Date of birth / /

Relationship of person to you

Has medical treatment been previously sought for this condition?

Yes ☐ No ☐

(a) Was there a third party responsible for causing or contributing to the loss? If so, can you provide their name and contact information and their insurance company name and policy number?

Yes ☐ No ☐

(b) Were there any witnesses to the event? If yes, please provide names and contact details

Yes ☐ No ☐

(c) Have you commenced or are seeking to commence any legal actions against third parties?
If 'yes', please provide the name and contact details of your solicitor.

Yes ☐ No ☐

6 Details of all other eligible travellers

[illegible]

7 Details of the travel arrangements for this journey

Please remember to attach travel itinerary and tax invoice from your travel agent and corresponding credit card statement.

Planned destination

Booked departure date / / Booked return date / / Actual return date / /

Total cost of all prepaid travel expenses on credit card \$ Cost of air fares only \$

8 Details of your other insurance

Do you have home contents or building insurance? Yes ☐ No ☐

Name and address of insurer

State Postcode

Policy number

Did you have other travel insurance for this journey? Yes ☐ No ☐

(If you have other travel insurance you must claim on the other insurer first)

Name and address of insurer

State Postcode

Policy number

Have you lodged, or do you intend to lodge a claim for this incident elsewhere? Yes ☐ No ☐

Have you received compensation from any other party in relation to this event? Yes ☐ No ☐

If 'Yes', please provide full details

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Section B: Travel delay

Travel delay

- ☐ Complete **Section B** of this claim form
- ☐ Attach written confirmation from the transport provider of the cause and period of the delay and the amount of compensation offered by them
- ☐ Attach original itemised receipts (tax invoices) for expenses claimed
- ☐ Attach documentary evidence from your travel agent which confirms the amount refunded for the unused accommodation.

Reason for delay

When were you due to depart? / / Time: ☐ am ☐ pm

When did you actually depart? / / Time: ☐ am ☐ pm

1. What was the unexpected meal/hotel cost incurred?

2. What is the refundable amount for the original accommodation you paid in advance?

3. Deduct 2 from 1 and write amount here.
This is the maximum amount you can claim

1. Description of cost	Cost (state currency)		2. Description of cost	Refundable amount		3. Claim
		-			=	
		-			=	
		-			=	
		-			=	

Section C: Travel plan cancellation or unexpected expenses

Cancellation of travel arrangements or unexpected expenses

Claims due to you or your relatives illness/injury/death

- ☐ Give to your doctor to complete **Section I** ('Medical Certificate') if you have previously suffered from this ailment
- ☐ Complete and sign **Section J** ('Medical Authority')
- ☐ If your plans changed due to card holder's health attach a medical certificate from the medical practitioner consulted (whilst on the journey) confirming the need to change your plans.

Unexpected expenses

- ☐ Complete **Section C** of this claims form
 - ☐ Attach original (not photocopy) of itemised accommodation accounts (tax invoices), transport tickets and receipts for what is being claimed
 - ☐ Attach a copy of your amended itinerary (as well as the original itinerary).

Travel plan cancellation

- ☐ Complete **Section C** of this claims form
 - ☐ **For international flights.** Attach a copy of the airline fare sheet/rules and a letter confirming refund
 - ☐ **For tours, cruises, cruises, accommodation, etc.** Attach a copy of suppliers booking conditions. We also require a letter from the supplier advising the net amount paid and the amount refunded by the supplier
 - ☐ **For travel agency, tour company etc.** Attach a copy of a letter confirming refund.

Cancellation in event of redundancy

- ☐ Complete **Section C** of this claims form
 - ☐ Please attach letter from your employer containing the circumstances of your redundancy including: that the redundancy was not voluntary and the date they informed you of the redundancy.

Other reasons: Please specify below.

On what date did you amend/cancel the trip? / /

Reason(s)

Travel expenditure

		Cancellation costs			or	Unexpected expenses
		A: Gross amount paid	– B: Net amount refund	=	Amount claimable (A minus B)	
Flights (excluding taxes)						
Name of supplier	Fare code		–		=	
			–		=	
			–		=	
			–		=	
			–		=	
Flight taxes		Fully refundable by the airline		=	\$0	
Other (ie hotels, packages, car hire, rail passes etc.)						
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
			–		=	
Total cancellation costs/unexpected expenses =						

Section D: Loss, theft or damage

Loss, theft or damage to luggage, travel documents or money

- ☐ Complete **Section D** of this claim form
- ☐ Attach original (not photocopy) loss/theft/damage report e.g. Police report, transport provider letter etc
- ☐ **For items lost or stolen while in custody of a transport provider:** Attach a letter from the transport provider advising the amount of compensation they are paying. Note: Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits
- ☐ **For Electrical items e.g. cameras, computers, mobile phones, iPods, MP3 players etc.:** Attach the original receipts (not a photocopy). If you no longer have the original receipt please obtain a duplicate from the place of purchase
- ☐ **For other items:** Attach original (not photocopy) purchase receipts (or duplicates from the place of purchase). Other documents which can be considered as proof of purchase – warranty cards, instruction manuals, credit card/bank statements showing purchase, photographs or packaging
- ☐ **For damaged items:** Attach a quote from repairer (of your choice) stating the repair cost or a letter stating that the item is damaged beyond economic repair
- ☐ **For items lost, stolen or damaged:** Attach copies of receipts if you have replaced the items.

Date of incident / / Time: ☐ am ☐ pm

Country Location

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time of loss. Please attach a statement if more space required.

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Were the police or a responsible authority notified? Yes ☐ No ☐

If 'Yes', give report reference number:

If 'No', please explain why this policy requirement was not met

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.....

Full description of each item. Must include brand, model number etc	Original purchase price and currency	Month and year of purchase	Store name and suburb where purchased	Proof of ownership attached?	Proof of value attached?
				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
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				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Section E: Delayed luggage

Delayed luggage

☐ Complete **Section E** of this claim form

- ☐ Attach original (not photocopy) of incident report from the transport provider with confirmation that your luggage was delayed, the length of time your luggage was delayed and details of compensation paid by them
- ☐ Also attach original (not photocopy), itemised receipts for essential, emergency purchases of clothing and toiletries (made whilst your luggage was delayed).

When did your flight arrive? Date / / Time: ☐ am ☐ pm

When did you receive your luggage back? Date / / Time: ☐ am ☐ pm

For the traveller(s) affected:

How many bags did you check in? How many of these bags were delayed?

Description of items purchased	Price and currency
1.	
2.	
3.	
4.	
5.	

Section F: Rental vehicle excess

Rental vehicle insurance excess

☐ Complete **Section F** of this claim form

- ☐ Attach a full copy of the rental agreement. It must show the full excess you were liable to pay under the agreement
- ☐ Attach a copy of the itemised repair invoice showing the cost of repairs to the vehicle
- ☐ If another party was at fault: Attach written confirmation from them of the compensation payable by them
- ☐ Attach a copy of the credit card statement showing payment of the rental vehicle excess.

Date of incident / / Time: ☐ am ☐ pm

Country Location

Please advise how the accident/damage/theft occurred?

Did the damage occur whilst driving on an unsealed surface? Yes ☐ No ☐

Excess you were liable to pay \$ Repair costs \$ Amount you are claiming \$

Section G: Loss of income

Claims in event of loss of income due to injury sustained overseas

☐ Complete **Section G** of this claim form

- ☐ Attach a letter from your employer – stating date you are due to return to work
- ☐ Attach payslip from previous month
- ☐ Attach tax return from last financial year.

Planned return date to work / / Actual return date to work / / Income loss \$

Section H: Medical claims

Overseas Medical and Dental claims

- ☐ Complete **Section H** ('Overseas Medical Claims') of this claim form
 - ☐ Attach original (not photocopy) of itemised account(s)/receipts for overseas doctors, dentists, hospitals and pharmacy expenses
 - ☐ Attach original medical reports/hospital records/medical certificates confirming the nature of illness or injury
 - ☐ Attach copies of hospital admission and discharge documents (if relevant)
- ☐ Give to your doctor to complete **Section I** ('Medical Certificate')
- ☐ Complete and sign **Section J** ('Medical Authority').

Name of doctor/dentist, pharmacy, hospital or provider	Date of treatment/ consultation	Amount charged (include currency)	Bill attached	OFFICE USE ONLY
	/ /			
	/ /			
	/ /			
	/ /			

Were you a patient in an overseas hospital?

Yes ☐ No ☐

If so please provide: Admission date

/ /

Discharge date

/ /

Have you previously suffered from the medical condition you were hospitalised for?

Yes ☐ No ☐

Is the patient the insured or travelling with the insured?

Yes ☐ No ☐

Section I: Medical Certificate

To be obtained at your expense from the patients usual doctor in all claims arising due to an injury, illness or death.

Important: The medical attendant is respectfully requested to give as much detail as possible in order to assist our client and avoid the necessity of additional enquiries.

1. Name of the Patient

Date of birth / /

2. Are you the patient's usual GP?

Yes ☐ No ☐

If 'Yes', for how long?

If 'No', please provide full details of the patient's usual GP

3. (a) Please give a precise diagnosis of the illness or injury

(b) On what date did the patient first consult you with symptoms of this condition? / /

4. Date of the onset of the illness or injury

/ /

5. Date tests prescribed

/ /

6. Date tests carried out

/ /

7. Date results advised to patient

/ /

8. Name and address of specialist/surgeon

State

Postcode

9. Date referred to specialist

/ /

Section I: Medical Certificate continued

10. Have you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in question 3a? Yes ☐ No ☐

If 'Yes'

(a) State the diagnosis of the previous illness/injury

(b) Advise the date of the occurrence of the previous illness/injury and advise what treatment/medication was prescribed

/ /

(c) Prior to the above injury/illness has the patient received any medical advice, treatment or medication for this condition or any similar/related conditions? Yes ☐ No ☐

If 'Yes', please provide details

11. Has any other Doctor treated this patient for the same/similar/related illness or injury as described in question 3a? Yes ☐ No ☐

If 'Yes' please supply the name and address of the Doctor

State

Postcode

12 Are you prepared to certify that the claimant/s was/were required to cancel the travel arrangements solely due to the condition described in question 3a? Yes ☐ No ☐

13 Was it recommended that the patient cancel their travel arrangements? Yes ☐ No ☐

14 Had the patient planned to travel against your prior advice? Yes ☐ No ☐

If 'Yes', attach provide details / consultation notes

I certify that the statements contained in this Medical Certificate are true and correct

Doctor's signature

Date

/ /

Doctor's name

Qualification

Postal address

State

Postcode

Business phone number

Mobile phone number

Fax number

Email

Section J: Medical Authority

1 To be completed by the person whose state of health caused the claim or the Executor of the Estate if possible.

I authorise the insurer or its representatives to obtain from any organisation, any personal information in respect of treatment for the condition/s which resulted in this claim. I acknowledge that a photocopy of this authorisation shall be considered as valid as the original.

Signature of Patient/Executor of the Estate

Date

/ /

2 Print name

Name of usual doctor or dentist in Australia (whichever is applicable)

Speciality of Doctor (if applicable)

Doctor's or Dentist's phone number

Doctor's or Dentist's fax number

Doctor's or Dentist's email or postal address (include postcode)

Claims in event of a death

If you are claiming in the event of a death please attach a copy of the death certificate (not the original).

Section K: Third party details

Complete this form with third party details if you wish to give permission for a third party to manage the claims process for this claim.

Title	Surname	First name(s)
Postal address		State
		Postcode
Private phone number		Business/mobile phone number
Email	Relationship of person to you	

Your Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, your employer, policy owners, government offices and agencies, regulators, law enforcement bodies, and as required by law within Australia or overseas. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Insurance Contracts Act 1984, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, A new Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001 as those laws are amended, and includes any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

Zurich may obtain Information from government offices, the parties listed above and third parties to assess applications, administer policies and assess a claim in the event of loss or damage.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687, by email at privacy.officer@zurich.com.au or by mail at 'The Privacy Officer', Zurich Financial Services Australia Limited, P. O. Box 677, North Sydney NSW 2059.

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