



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 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

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, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

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

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

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 or email us at Privacy.Officer@zurich.com.au

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

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Date of accident or commencement of sickness / / Date of first medical consultation / /

Name of doctor or hospital

Details of treatment by doctors or hospital

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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

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Name and address of usual family doctor

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

Country	Currency	Total Amount of Expenses \$
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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.

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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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