

Travel Insurance Claim Form

Important Notice

- The provision of this claim form by Zurich Australian Insurance Limited, ABN 13 000 296 640, AFSL 232507 ("Zurich"), the product issuer and insurer, is not an admission of liability or acceptance by Zurich of your claim.
- Please complete this form digitally if possible. You may also print and use a dark pen to complete, writing in block letters.
- Please review your policy documentation to understand the benefits available to you and any applicable excess. An excess is the first amount of a claim that you have to pay. The amount of the excess is shown as the Excess in your Certificate of Insurance. If an excess applies to a claim which we'll cover, we will take this amount off your claim, or in some cases we may ask you to pay the excess to a supplier or us. For further information or assistance, please refer to your Product Disclosure Statement (PDS).
- Further evidence required to support your claim is detailed under the relevant sections - please provide this with your claim form to avoid delays in assessing your claim. We may require more information during the process so please include any other information you think may be relevant when you submit your claim.
- This form must be completed truthfully and accurately. We reserve the right to request original receipts, reports or other documentation to substantiate your claim.
- Please provide supporting documents in English where possible.
- If you incurred expenses in a foreign currency please note the currency in the amount claimed under the relevant section. We will convert any amounts incurred in foreign currencies to Australian dollars using the exchange rate published by Bloomberg at the time the expense was incurred.
- If you, or any person included in your claim, provide any information, in support of your claim which is false or deliberately misleading, Zurich reserves the right to decline your claim in part or in full. Zurich also reserves the right to recover any amounts paid to you or on your behalf from you if you submit a fraudulent claim.
- Zurich has appointed each of Travel Guard Asia-Pacific Pte Ltd and Travel Guard EMEA Limited (both part of the 'Travel Guard companies' and Zurich Insurance Group) as an authorised representative to provide claims handling and settling financial services on its behalf. Your claim may be handled by either of these authorised representatives. Zurich pays its authorised representatives claims case fees for the services they provide. Details of Zurich's dispute resolution system including complaints process in respect of the claims handling and settling financial services are included in the PDS.

How to complete this claim form

Please keep a copy of your claim form and any supporting documents including any originals.

Make sure you have completed all the information in the sections labelled:

- Your personal details
- Your policy information
- GST and Tax
- Bank details
- Claim details
- The Claim section you are claiming under
- The Declarations (at the end of the form)

You will need to send us a copy of this claim form with your supporting documents to:

Email AUClaims@travelguard.com

Post

Zurich Travel Claims
118 Mount Street
North Sydney, NSW 2060

Please arrange to post your claim as soon as reasonably possible – undue delay could affect your claim.

Additional support

Zurich recognises that some customers require additional support when dealing with us. We have policies and processes in place, including training for our staff, to support customers experiencing vulnerability which may be due to a range of factors such as age, disability, mental or physical health conditions, family violence, language or literacy barriers, cultural background, Aboriginal or Torres Strait Islander status, living in a remote location or financial distress. If you need extra support, please let us know. For more information, please visit: <https://www.zurich.com.au/contact/supporting-customers-experiencing-vulnerability>

Section 1: Medical Expenses

Documents we will need:

- Medical reports detailing the injury or illness and any treatment you had
- A copy of your discharge summary (if you were hospitalised)
- Any bills or receipts for the costs you are claiming
- Please include any claim payment notice from your private health insurance or public health care scheme (e.g. Medicare)

Have you received any partial payment or compensation for any of your claimed costs from a private or legal settlement, other insurance company or statutory scheme (such as a Reciprocal Health Care Agreement)?

Yes No

If 'Yes', please provide further details below

1. Who required this treatment?

Myself (Proceed to question 2)

Someone else covered under this policy

If treatment was required by someone else, please provide their details below

Full name

Date of birth / /

Relationship to you

2. What happened to cause the injury or illness?

3. Where were you when you became suffered injury or illness?

4. When did you first notice your symptoms if applicable? / /

5. When did you first seek medical treatment? / /

6. Who provided your medical treatment?

Name/Practice

Address

State

Postcode

Phone number

Email address

7. Did you also need to go to hospital? Yes No

Hospital name

Address

State

Postcode

Phone number

Email address

Date admitted / /

Date discharged / /

8. Have you ever had a similar injury or illness before? Yes No

If 'Yes', please provide further details below

9. Do you have private health insurance? Yes No

Name of Insurer

10. Please provide us a list of the costs you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it "Medical Costs".

Invoice date	Amount	Provider	Description

11. Are you waiting to receive any additional invoices or costs? Yes No
If 'Yes', please provide any further details you may have
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Section 2: Cancellation & additional costs

Please complete this section if you are claiming out of pocket expenses for non-refundable travel deposits, cancellations or additional expenses over and above the costs you had expected to pay as part of your original travel itinerary. This may include costs such as cancelled/re-issued tickets or additional accommodation expenses.

Documents we will need:

- Your original itinerary including any applicable flight confirmations, hotel bookings, ticket booking confirmations.
- Proof of payment for the original booking and any additional expense.
- Copies of any refund receipts/letters.
- Any supporting documentation to help us understand the reason for the delay. (E.g. A medical certificate, medical report, a letter from your travel provider explaining the circumstances of the event)
- If the cancellation or costs happened because of a death, a copy of the death certificate if available.

To help us understand what caused your additional costs, please tick the applicable box(es) and complete the required Part:

- An injury or illness including another person's injury or illness who is covered under this policy, and was not captured in Section 1: Medical Expenses. Complete Part 1 and Part 2
- An injury or illness I am claiming in Section 1: Medical expenses Complete Part 2 only
- Something that happened outside of my control Complete Part 2 only

Section 2 – Part 1

1. Who required this treatment?

Myself

Someone else covered under this policy

If treatment was required by someone else, please provide their details below

Full name

Date of birth / /

Relationship to you

2. What happened to cause the injury or illness?

3. Where were you or the injured person when you became suffered injury or illness?

4. To your knowledge, have you or the other person ever had a similar injury or illness before? Yes No

Section 2 – Part 2

1. When did you need to cancel your trip? / /

2. What happened to cause the cancellation or additional expenses?

3. Have you requested or are waiting on a refund as part of this cancellation claim?

Yes No If 'Yes', please provide details

Please provide us a list of the costs you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it "Additional Costs".

Description	Provider	Date booked/paid	Date of cancellation	Amount paid	Refund received

4. Are you waiting to receive any additional invoices, costs or refunds? Yes No

If 'Yes', please provide any further details you may have

Section 3: Luggage (including delayed luggage) and personal effects

Please complete this section if you are claiming for the replacement of essential items (such as toiletries) because your luggage was delayed by a carrier or if your luggage or other personal effects are otherwise lost, stolen or damaged.

The Montreal Convention imposes liability on airlines for lost or damaged baggage. You should submit a claim to the relevant airline to avoid any delays in us resolving your claim.

Documents we will need:

- Proof of ownership of your items and their value (such as original purchase receipts, bank statements, photos).
- A police report for any stolen items.
- For lost or damaged baggage, a copy of your airline ticket and booking confirmation.
- Any correspondence from your airline explaining why they are unable to cover your expenses or the amounts they have agreed to pay.
- Any other report or letter from your transport or hotel provider explaining the loss or damage.
- Itemised receipts for any essential items you purchased.
- A quote for repairs from an authorised provider for your item(s).

1. Are any of the missing/stolen or damaged items owned by someone else? (e.g. a work laptop) Yes No
 If 'Yes', please provide details

2. Are any of the missing/stolen or damaged items covered by other insurance? Yes No

If 'Yes', please provide details

Insurance company name

Claim number

Policy number

3. Did you receive any compensation (including credits or vouchers) from the other insurance company in respect of the missing/stolen or damaged items? Yes No

If 'Yes', please provide details

4. Are you waiting to receive any additional invoices, costs or refunds? Yes No

If 'Yes', please provide any further details you may have

Claims for Lost and delayed luggage

5. Where was your luggage delayed?

6. What time did you arrive at your destination? Time AM PM

7. Was your luggage returned to you? Yes No

If 'Yes', please specify when / / Time AM PM

8. Were any items missing/stolen or damaged from your baggage? Yes No

If you need more space, you can attach a separate page to your claim form. Please label it "Personal Effects".

Description	Approximate age of Item	Amount paid	Store where item was purchased

9. Did you need to purchase any essential items whilst your luggage was delayed?
If you need more space, you can attach a separate page to your claim form. Please label it "Personal Effects".

Description (including store/merchant details)	Purchase date	Traveller the item was purchased for	Amount Paid

Claims for Lost and damaged personal effects

1. When did the incident occur or you first notice the loss or damage?

2. What happened?

3. Where did the incident or damage occur?

4. Did you report the loss or damage to anyone? (e.g. Police, Hotel Manager) Yes No
If 'Yes', please include any reference/report/incident number you may have

Please provide us a list of the items you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it "Personal Effects".

Description	Approximate Age of Item	Amount Paid	Store where item was purchased

Section 4: Rental vehicle excess, legal liability and other

Please complete this section if you are claiming for the insurance excess (this is sometimes called a deductible) under your rental vehicle hire agreement or someone is holding you responsible for their injury or property damage (e.g. you spilled a drink and they slipped over).

If you have received correspondence from a solicitor or other legal documents, please submit your claim and supporting documents to us as soon as possible.

Documents we will need

- Your rental vehicle hire agreement and insurance documents completed for the rental vehicle.
- Any police report
- Any correspondence from your rental provider outlining the circumstances and what you need to pay (e.g. invoices, receipts, quotes).
- Any letters of demand or other correspondence sent to you by the person holding you responsible.
- Any images, statements, video footage you may have of the incident

1. When did the incident occur?

/ /

Time

AM

PM

2. Was anyone injured? Yes No

3. What happened? Please include details such as locations, injuries, damage and what happened immediately before, during and after the incident.

If you need more space, you can attach a separate page to your claim form. Please label it "Statement".

4. Did the police attend? Yes No

If 'Yes', please provide the police report number

For Rental Vehicle Excess claims only

5. Who was driving or in control of the rental vehicle when the incident occurred?

Full name

Date of birth

/ /

Address

State

Postcode

Country

6. What excess was charged to you by your rental provider?

7. Have you paid the excess? Yes No

Declarations

Information Authority & Warranty

I,

hereby authorise any hospital, physician or other person who has attended me, or my employer or my accountant to furnish Zurich Australian Insurance Limited, ABN 13 000 296 640, AFSL 232507 ("Zurich") or its representatives with:

- (i) All copies of hospital and medical reports/notes;
- (ii) All copies of employment records and income tax returns;
- (iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns; and
- (iv) The completion of all documentation and forms as required by Zurich to the extent permitted by applicable laws.

I agree that a photocopy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I agree that making any fraudulent misrepresentation at the time of applying for insurance or providing fraudulent information, making a fraudulent statement, or making a fraudulent claim may result in my claim being declined and my policy being cancelled or voided as well as potentially resulting in criminal action.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that Zurich relies upon the truthfulness of the particulars supplied by me in respect of the claim.

Privacy Notice and Consent

Zurich is bound by the *Privacy Act 1988* (Cth). In this Privacy Notice, the words "we", "us" and "our" refer to Zurich.

We collect personal or sensitive information (e.g. health records) about you ("your details") to manage claims, investigate and share information on fraud, manage emergency assistance services including travel, accommodation, liaison and medical services, assess applications, administer policies, contact you and enhance our products, offerings and services including research and data analytics functions ("Purposes"). If you do not provide your information, we may not be able to do those things.

By providing us, our representatives or your agents with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details including your sensitive information to relevant third parties including:

- your agents, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our authorised representatives (including any sub-authorised representatives), our distribution partners, our business partners and our service providers (including emergency assistance providers);
- our banking gateway providers and credit card transactions processors;
- health practitioners, transport providers, accommodation service providers, your travelling companions or family or contact person, parties affected by claims; and
- government agencies, regulators, law enforcement bodies, dispute resolution schemes, and as otherwise required by law.

Your details may likely be disclosed to our service providers, including Travel Guard companies (part of the Zurich Insurance Group), for travel insurance related services such as claims and complaints handling, policy management, medical and travel assistance. These providers may operate locally or overseas: New Zealand, Singapore, Malaysia, Philippines, United Kingdom or United States of America. Who the service providers are and where they are located may change from time to time (contact us for details). We may also disclose your details to individuals or entities located in countries where an event occurs giving rise to a claim or as otherwise described in the Zurich Privacy Policy.

We usually obtain your details from you but may also collect your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this privacy text. If you give us information about another person, we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive information (e.g. health records), we will rely on you to have obtained their consent to give the information to us.

Laws authorising or requiring us to collect information include the *Insurance Contracts Act 1984* (Cth), *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth), *Corporations Act 2001* (Cth), *Autonomous Sanctions Act 2011* (Cth) and *A new Tax System (Goods and Services Tax) Act 1999* (Cth) as those laws are amended and include any associated regulations, and other financial services, crime prevention, sanctions and tax laws.

Our Privacy Policy, available at www.zurich.com.au/important-information/privacy or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

I consent to Zurich collecting, using and disclosing personal information as set out in the above Privacy Notice. Where I have provided or will provide information to Zurich about any other individuals, I confirm that I am authorised to disclose their personal information to Zurich and also to give this consent on both my and their behalf.

I also declare that I have

- No other travel insurance with any insurance company
- Travel insurance with

Signature

X

Date / /