

Claim notification

Travel Insurance

1. Notification refers to

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Luggage delay | <input type="checkbox"/> Delay |
| <input type="checkbox"/> Illness / Accident during travel | <input type="checkbox"/> Deductible cover / Rental car | <input type="checkbox"/> Other claim |

2. Insured / Cardholder

Card number (the 8 first figures) _____ Social Security Number _____

Name _____

Phone number _____

E-mail _____

Address _____

Home insurance company and policy number _____

Has the claim been reported to another insurance company? ☐ No ☐ Yes

If yes, and not to the home insurance company, please specify _____

3. Compensation to be paid to Note! Clearing no. and bank account no. – mandatory information

Account holder (if other than insured) _____

Address _____

Bank details _____

Clearing no. and account no. (incl IBAN) _____

4. Details about the travel

Destination _____

Date of departure _____ Date of payment for the travel _____

☐ Private ☐ Business

Participants, if other than cardholder (name, social security no. of participants) (If there are not enough space, please enclose details in a separate document)

Name	Social Security Number	Part of cardholder's household
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Information about the claim (If there are not enough space, please enclose a separate document with the claim description)

Description

When did the accident/illness occur? (year, month, day)

Where did the accident/illness occur?

Doctor contact

When was a doctor consulted? (year, month, day)

Doctor's and health care facility's name and address

Date for cancellation? (year, month, day)

Luggage delay

When was the luggage recovered? (date and time)

Have you received compensation from the travel operator or any other party? ☐ No ☐ Yes

If yes, specify amount of compensation and by whom

by _____ with _____ (amount)

6. Claim for compensation (If there are not enough space, please enclose details in a separate document)

Date of expense	Type, please specify (doctor's fees, medicine, travels, etc.)	Claim for compensation

7. Note! For claim assessment, the following documents must be attached to the claim notification

For all damages

- ☒ Information showing that the travel/service/product is paid for with the card (receipt or bank statement)
- ☒ Ticket/travel certificate or other documents showing total cost, departures and participants

Accident/Illness/Medical expenses (for more information, see insurance conditions)

- ☐ Original receipts of expenditures during the travel for healthcare, medicine, expenses for local travels to doctor etc.
- ☐ Original doctor's certificate and other documents that may be of importance to our assessment

Delay of public transportation (for more information, see insurance conditions)

- ☐ Certificate of delay that shows both expected and real arrival times and also the reason for the delay

Luggage delay upon departure (for more information, see insurance conditions)

- ☐ Certificate of luggage delay (a so called PIR report, which can be obtained from the airline or transportation company)
- ☐ Original receipts of purchases
- ☐ Specification of what receipts are referring to if this is not clearly stated on the receipt and to whom the purchase has been made

Deductible cover / Rental car (for more information, see insurance conditions)

- ☐ For deductible cover, documentation that shows that compensation has been paid out from home or car insurance including claim report
- ☐ Documentation showing the size of the deductible
- ☐ Documentation showing that the cost of the rental car has been paid with your card

Cancellation (for more information, see insurance conditions)

- ☐ Documents from travel operator or similar, that shows the cancellation and possible refund
- ☐ Doctor's certificate with diagnosis, treatment date and advice against travel

8. Signature (by guardian if the insured is underage)

I hereby certify that the information within this notification of claim is complete and correct.

City _____ Date _____

Signature _____

Clarification of signature _____

9. Processing of Personal Data

Zurich processes your personal data in accordance with the General Data Protection Regulation ("GDPR"), meaning we protect your personal integrity. A prerequisite for our possibility to handle your notice of claim is Zurich's processing of your personal data.

If you have also provided us with personal data about other individuals than yourself, our assumption is that you will provide them with this information. Should you be prevented to do so, you are required to inform us of this circumstance and provide us with their full contact details.

More information about how we process personal data and data subjects' rights in regards to the personal data processing can be found at www.nordic.zurich.com/privacy

If you do not have the possibility to read, or download, the information as provided on the website, please get in touch with us using the contact details on the last page of this notice of claim so that we can send you the information in a suitable form.

Send the claim notification with attachments to:

kortforsakring@zurich.com

or

Zurich Insurance Europe AG, Sweden Branch,
P.O. Box 5069, 102 42 Stockholm

Zurich Insurance Europe AG, Sweden Branch
Reg. no. 516403-8266, reg. in Bolagsverket's branch office register
P.O. Box 5069
SE-102 42 Stockholm
Telephone +46 8 579 330 00

Zurich Insurance Europe AG
a public limited company incorporated in Germany
Registered seat: Platz der Einheit 2, 60327 Frankfurt a.M.
Register Court of Frankfurt a.M., HRB 133359

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