



# Travel Claim Form

## 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 of \$200.00, refer to your policy booklet for details and to see if it applies in your claim circumstance. Visit [www.zurich.com.au](http://www.zurich.com.au) for access to your policy document and a list of 'frequently asked questions'.

To make sure you are filling out the right sections of this form please read the following carefully.

## Claims Checklist

The checklist will help you understand what we require.

Please read through the following checklist and tick the instructions relevant to your claim.

**IMPORTANT:**  
for all claims  
you must  
complete  
**Section A**  
(Pages 4–5)

### For all claims

- Complete **Section A** of this claim form
- Attach your travel itinerary (available from your travel agent)
- Attach your receipt from the travel agent showing the full cost of the return travel tickets (ask your travel agent for a tax invoice)
- 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 the journey commencing and ending in Australia
- Please ensure you **keep copies** of your claims submission and supporting documentation.

### What type of claim are you making? Read on.

#### 1. For overseas medical claims (Complete Sections A, B, C and D)

- Complete **Section B** of this claim form
- Attach original (not photocopy) of itemised account(s)/receipts for overseas:
  - Doctors
  - Dentists
  - Hospitals
  - 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)
- Complete and sign the 'Medical Authority' (**Section C**)
- If you have previously suffered from this ailment: you will need to obtain and attach to your claims form a medical certificate from your usual doctor (give **Section D** of this form to your doctor to complete).

#### 2. For cancellation or amendment of travel arrangements due to you or your relatives illness / death (Complete Sections A, C D and E)

- Complete and sign the 'Medical Authority' (**Section C**)
- Obtain and attach to your claim form a medical certificate from you or your relatives usual doctor (give **Section D** of this form to your doctor and ask them to complete this)
- 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).

#### 3. For cancellation or amendment of travel arrangements due to other reasons (not sickness related) (Complete Sections A and E)

- Complete **Section E** of this claim form
- For international flights:** Attach a copy of the airline fare sheet/rules (showing the fare conditions)
- For tours, cruises, accommodation, etc:** Attach a copy of suppliers booking conditions. If the booking conditions do not allow us to calculate an exact cancellation fee (eg. if they say the cancellation fee will be – "up to 50%" rather than "50%") we also require a letter from the supplier advising the net amount paid and the amount refunded by the supplier
- Document confirming refund provided by travel agency, tour company etc
- Claims in event of redundancy:** Please attach a letter from your employer containing the circumstances of your redundancy including:
  - that the redundancy was not voluntary
  - the date they informed you of the redundancy
- Other reasons:** Please specify in Section E.

**4. For claims related to 'additional expenses' (after departure)**  
(Complete Sections A and F)

- Complete **Section F** of this claim form
- Attach original (not photocopy) of itemised hotel 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)
- 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.

**5. For claims in the event of travel delay** (Complete Sections A and G)

- Complete **Section G** 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 hotel expenses claimed
- Attach documentary evidence from your travel agent which confirms the amount refunded for the unused accommodation.

**6. For claims related to loss, theft, damage or delay** (Complete Sections A and H)

- Complete **Section H** 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
- For delayed luggage:** 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)

**7. For rental vehicle insurance excess** (Complete Sections A and I)

- Complete **Section I** 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.

**8. For claims in event of loss of income** (Complete Sections A and J)

- Complete **Section J** 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.

**And finally, make sure you are aware of the excess that applies to your policy.**

Your policy booklet which can be obtained from Zurich's website at [www.zurich.com.au](http://www.zurich.com.au) will provide you with these details.

**What happens after you have submitted your claims form?**

- Within 10 business days of receipt of your claim, Zurich will notify you of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster/loss assessor.
- For claims where additional information is required, we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances or the complexity of a claim, these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim.
- If we cannot reach an agreement, you will be directed to our complaints handling procedures on request.

# Section A: All claims

Please complete this section for 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)

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Please state if primary or secondary cardholder

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Postal address

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..... State                                      Postcode

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Private phone number

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Business/mobile phone number

.....

Fax number

.....

Email

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## 2 Details of the credit card

Please remember to include your Credit Card Statement showing your name and details of purchase.

Bank/Financial Institution

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Name of primary cardholder

.....

Name of secondary cardholder

.....

Type of card (eg. Gold, Platinum or other)

.....



## 3 Details of all other travellers whose air fares for this journey were paid on the same credit card

Title	Surname	First name(s)	Relationship to primary cardholder	Date of birth
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

## 4 Details of the travel arrangements for this journey

Please remember to attach travel itinerary and tax invoice from your travel agent.

Planned destination

.....

Planned departure date      /      /                                      Planned return date      /      /

.....

Actual return date      /      /

.....

Total cost of all travel arrangements \$

.....

Cost of air fares only \$

.....

Amount charged on credit card \$

.....



Continued next page ↘

## Section A: All claims continued

### 5 Details of the event

Please **attach a statement** if more space is required, or **more than one event** is being claimed for.

Date of event      /      /      Time of event      am / pm

Country and location

Description of event giving rise to this claim

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### 6 Details of your other insurance

Do you have home contents or building insurance?      Yes       No

Name and address of insurer

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## Section B: Overseas medical claims



Please list **each bill** separately

### Overseas medical and dental expenses

Please ensure you attach the following documents:

- **Original** (not photocopy) itemised accounts
- **Original** medical report/dental report/hospital records confirming the nature of the illness or injury
- A copy of your hospital admission and discharge documents (if you stayed in hospital).

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 ailment you were hospitalised for? Yes  No

Is the patient the insured or travelling with the insured? Yes  No

## Section C: Medical Authority

**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 / /

Print name

Name of usual doctor or dentist in Australia (whichever is 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 D: Medical Certificate

To be completed by a medical practitioner

Please use BLOCK LETTERS

To be obtained at your expense from the patients usual doctor in all cases of Amendment or Cancellation Costs resulting from 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. Date referred to specialist / /

9. Name and address of specialist/surgeon

State

Postcode

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) Is the patient receiving 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

Continued next page 

## Section D: Medical Certificate continued

13 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

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

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

If 'Yes', please provide details

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

Doctor's signature

Date / /

Please use  
**BLOCK LETTERS**

Doctor's name

Qualification

Postal address

State

Postcode

Business phone number

Mobile phone number

Fax number

Email

# Section E: Travel plan amendment or cancellation



## 1 Details of event

- Ensure that you have recorded clearly the event giving rise to this claim
- **For international flights:** attach a copy of the airline fare sheet/rules (showing the fare conditions)
- **For tours, cruises, accommodation, etc:** attach a copy of suppliers booking conditions. If the booking conditions do not allow for us to calculate an exact cancellation fee (eg. if they say the cancellation fee will be "up to 50%" rather than 50%) we also require a letter from the supplier advising the net amount paid and the amount refunded by the supplier
- Document confirming refund provided by travel agency, tour company etc
- **Claims in event of redundancy:** Please attach a letter from your employer containing the circumstances of your redundancy including:
  - that the redundancy was not voluntary
  - the date they informed you of the redundancy.

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

Reason(s)

## 2 Travel expenditure

To be completed by the travel agent

		Cancellation costs			or	Amendment costs
		A: Gross amount paid	–	B: Net amount refund	=	Amount claimable (A minus B)
<b>Flights</b> (excluding taxes)						
Name of supplier	Fare code		–		=	
			–		=	
			–		=	
			–		=	
Flight taxes		Fully refundable by the airline =			\$0	
<b>Hotels</b>						
			–		=	
			–		=	
			–		=	
			–		=	
<b>Packages</b>						
			–		=	
			–		=	
			–		=	
			–		=	
<b>Other</b> (ie car hire, rail passes etc.)						
			–		=	
			–		=	
			–		=	
			–		=	
<b>Total amendment/cancellation costs =</b>						



## Section F: Additional expenses



### Additional expenses (after departure)

Please ensure that you attach the following documents:

- **Original** (not photocopy) itemised hotel accommodation accounts, transport tickets and receipts for what is being claimed
- A copy of your itinerary
- If your plans changed due to a card holder's health, a medical certificate from the consulting medical practitioner (whilst on the journey) confirming the need to change your plans

1. What were the unexpected costs incurred?

2. If the event had not happened, how much did you expect to pay for transport/accommodation for the corresponding travel period?

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

1. Description of cost	Cost (state currency)		2. Description of cost	Cost* (state currency)	=	3. Claim
eg. Hotel in Zurich	150 Euro	-	Hotel in Berlin	110 Euro	=	40 Euro
		-			=	
		-			=	
		-			=	
		-			=	

\*If the amount shown was prepaid and you are not entitled to a full refund from the service supplier you should submit a claim for the non-refundable portion under Section E – Travel plan amendment or cancellation.

## Section G: Travel Delay



Please ensure that you attach the following documents:

- Written confirmation from the transport provider of the cause and period of the delay and the amount of compensation offered by them
- **Original** itemised receipts for the hotel expenses claimed
- Documentary evidence from your travel agent which confirms the amount refunded for the unused accommodation.

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
eg. Hotel in Zurich	150 Euro	-	Hotel in Berlin	110 Euro	=	40 Euro
		-			=	
		-			=	
		-			=	



## Section H: Loss, theft, damage or delay continued

### 2 Delayed luggage



- 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?

Please attach a list **if more space required**

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

## Section I: Rental vehicle excess



- Attach a full copy of 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 a 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 J: Loss of income



- 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    /    /                      Actual return date    /    /

Income loss \$

## Direct Deposit

**Note: this does not apply to holders of WestpacTrust Bank, New Zealand**

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:

Name of account

Type of account

BSB (branch number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Declaration

**IMPORTANT:**  
Before submitting your claim, please check that all necessary information is complete, and all supporting documentation is attached.

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

<input type="text"/>
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Date / /

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Please return this claim form to:

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

## Your 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](http://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, email us at [Privacy.Officer@zurich.com.au](mailto: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.