2 ZURICH[®]

Business Travel Insurance

Claim form

	Branch
	Policy No.
	Due date
	Broker/Agent
Claim No. (Office use only)	Address

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 or 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

- 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 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, e-mail us at 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.

Personal details						
Name of insured (Company)			Policy nur			
Name of traveller			Mr	Mrs Miss		\bigcirc
Occupation			Date of bi	rth / /	/	
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 busi	ness travel?	Yes () No ()			

Following our approval of your clai following details.	etails im, should you wish to have yo	ur settlement transferred direc	tly into your b	ank acc	count, p	olease	provid	le t
Name of financial Institution								
Account name								
BSB number		Account numbe	r					
Part B – Overseas Medica	l Expenses							
Were the medical expenses incurre	ed as a result of an – Injury	Sickness						
Give full details	, , _	<u> </u>						
		Data of fine	Park and the					
	nt of sickness / /	Date of first me				/		
Name of doctor or hospital								
Details of treatment by doctors or	hospital							
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ddress	Name	Age
	Address	

Date of first medical treatment / /				
Has the injured/sick person had a similar condition in t	he past?			Yes No (
Name and address of patient's normal doctor				
Date you or your employer advised travel agent to car	cel booking		/	/
Amount of deposit paid and date	\$		/	1
Balance and full fare and date paid	\$		/	1
Value of forfeited portion of journey (if applicable)	\$			
Refund received (or entitled to) on cancellation	\$			
Full amount being claimed	\$			
Were any alternative arrangements offered?		Yes C) No (lf "Yes', please give deta
Did you accept any of these alternative arrangements:				Yes No (
What additional fares did you incur as a result of the a	irrangement?			
Missed transport expenses				
Missed transport expenses What was the reason that caused you to miss your tra What was the scheduled meeting / conference that yo				
What was the reason that caused you to miss your tra	u were required t	o attend?		
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oss/theft or damage to baggage					
live full details on how losses, damage or theft occurred (Detail	each event)				
	rt number				
Airline Yes No Claim	Number				
Vere articles lost/damaged by carrier? Yes No Detai					
ou need to claim compensation from the transport carrier e.g. ost by transport provider).	airline in the fi	rst instance l	pefore submi	tting your claim	to us – for luggag
re any of the items covered by other insurance? Yes	No 🔾				
'Yes', which company	Polic	y Number			
Vere all the missing articles your property?	No 🔾				
C	laim amount				
ltem e.g Cannon Camera, Model IXUS 95	Age e.g: 1 year	Employer Owned	Personal Item	Currency e.g. USD	Purchase Amount
			~		AUD \$
Pelayed luggage claim	Data			,	
ate your flight arrived / / ow long was your luggage delayed? hours		luggage arri	vea /		
	O days C	<i></i>			
Essential items purchased e.g: toiletries				rency USD	Amount Paid
he 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.		aim for lost l	unnane inclu	dina reimbursem	ent amount
The sports (acceptance / actual) from transport provider (e.g. (an mic/ arter th				
Failure to provide these items may result in delays in processing you	ir claim If it is	imporcible +=	provide and		aca advica tha race

//as it hired from a licensed rental agency? Yes \ No \ //hat was the excess you were liable to pay? \$ the damage to the vehicle was under the applicable excess of the rental agreement, what was the repair cost? \$ //hat is the amount you are claiming? \$ it was your personal vehicle: //as the car comprehensive insured? Yes \ No \ //ere you liable to pay an excess when claiming under your comprehensive insurance this policy? Yes \ No \ N	Date of incident / /	Country	1	Location	
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