ZURICH

Zurich Private Clients Travel claim form

Cancellation

Please answer all the questions fully. If you need more space, you can attach extra sheets.
Make sure you fill in, sign, and date this form, including any extra sheets, before sending it back to us.
You can return the form to your Insurance Broker or email us at zpc.claims@uk.zurich.com.

Details of policyholder

Name

Address

Postcode

Dayte telephone no

Mobile telephone no

Email address

Policy number

Renewal date D D M M Y Y Y Y

Trip details

Outward journey date D D M M Y Y Y Y

Return journey date D D M M Y Y Y Y

Country

Destination

Name, date of birth and address for each person claiming under this insurance

Person 1 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Person 2 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Person 3 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Person 4 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Person 5 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Person 6 Name _____ Date of birth D D M M Y Y Y Y

Address _____

Postcode _____

Required documentation

Please send the following documentation (where relevant) in order to prevent any delays on your claim:

- Proof of address for anyone over the age of 18 (acceptable list: valid UK driving licence, recent utility bill (gas, electricity, water or landline phone), recent Council tax bill, recent credit card or bank statement, recent Building Society or Credit Union statement or tenancy agreement).
- Medical pre-screening confirmation (if applicable).
- The Medical Certificate completed by the usual GP of person causing the cancellation.
- Holiday booking invoice showing the date the holiday/trip was booked, who was booked to travel, the travel dates, the destination and the amounts paid.
- Holiday cancellation invoice showing the date that the holiday/trip was cancelled, who has cancelled, the cancellation fee and the amount of the refund you are receiving (if any).

Details of amounts paid for the trip

Deposit £ _____ Date paid D D M M Y Y Y Y

Balance £ _____ Date paid D D M M Y Y Y Y

Amount refunded by your tour operator £ _____ Date paid D D M M Y Y Y Y

Airport Passenger Duty (APD) refunded for your cancelled outward flight from a UK airport £ _____

Please note the procedures for claiming a refund vary from airline to airline – some will refund the tax automatically, whereas others require you to fill out a form.

Each airline should publish details of how to claim back APD tax on its own website. If you cannot find this, call the airline or your travel agent and request details.

Total amount claimed (cancellation charge) £ _____

Cancellation due to medical reasons

Description of injury/illness.

Please ensure that the Medical Certificate attached is completed by your GP.

If cancellation is due to redundancy, please provide us with a letter from your employer confirming that you qualify for statutory payment under the Employment Protection Act.

If cancellation is due to your jury service, please provide us with your jury confirmation letter showing us when you were notified of the jury service and the dates you are required to attend court.

If cancellation is due to any other reason, we may request additional independent confirmation of the need to cancel.

Date you cancelled your holiday/trip D D M M Y Y Y Y

How did you advise cancellation? ☐ By phone ☐ In writing ☐ In person

Is there any other insurance in force on the loss claimed for? ☐ Yes ☐ No

If Yes, please provide the name and address of the insurer.

Policy/reference number

Bank details

Account name

Account number | Sort code

Name of bank

Claims Data Protection Statement

This notice is important and should be read by the person making the claim. Please ensure that this notice is brought to their attention. In this notice the words “you”, “your” and “yours” refer to the person making the claim.

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our ‘legitimate interests’.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I/We declare that to the best of my knowledge and belief all information provided is correct. I understand that some of the information I have provided will be made available to other insurers for claim handing purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information. I agree that I will supply all requested, necessary documents in support of my claim at my expense.

Signature

Date D D M M Y Y Y Y

Zurich Private Clients
www.zurich.co.uk/high-net-worth

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ZPC406.07 (PF722320007) (02/26) CDL

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