

Zurich Private Clients

Travel claim form

Delay/disruption

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

Daytime telephone no

Mobile telephone no

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Email address

Policy number

Renewal date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Planned travel dates

Outward journey date/time

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Return journey date/time

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
Address _____

Postcode _____

Person 2 Name _____ Date of birth
Address _____

Postcode _____

Person 3 Name _____ Date of birth
Address _____

Postcode _____

Person 4 Name _____ Date of birth
Address _____

Postcode _____

Person 5 Name _____ Date of birth
Address _____

Postcode _____

Person 6 Name _____ Date of birth
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).
- 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.
- Letter from the airline/carrier confirming the duration of the delay and the reason for delay.
- Travel delay:
 - in the event of you abandoning your trip due to delay, please forward the original cancellation invoice from the tour operator/travel agent (showing any refund received).
- Travel disruption:
 - in the event of your planned travel arrangements being disrupted, please forward the original receipts/proof of payment for the incurred additional travel and accommodation expenses
 - written report from the appropriate authorities confirming the disruption to your pre-planned travel arrangements.

Travel delay

Please confirm the reason for the delay.

When were you first made aware of the delay (date/time)?

D	D	M	M	Y	Y	Y	Y
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Original scheduled departure details

Date/time

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Flight/ferry number

Actual departure details

Date/time

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Flight/ferry number

Total number of minutes/hours delay

Abandonment

Date/time decision made to abandon the trip/holiday

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Amount paid for holiday (per person)

£

Total holiday cost

£

Refunds received/due from tour operator

£

Total amount claimed

£

Travel disruption

Details of costs incurred to reach the final destination or to reach home.

Type of expense (travel/accommodation)

Amount paid

How was payment made (cash/credit card)?

£

£

£

£

£

Total £

Original date/time for check-in

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Flight/ferry number

Actual date/time for check-in

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Flight/ferry number

How did you originally intend to travel (e.g. car, coach, train, etc.) to the airport/ ferry port?

When did you leave to reach your planned departure point (date/time)?

D	D	M	M	Y	Y	Y	Y
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When did you finally reach your intended destination (date/time)?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

How did you originally intend to reach your final destination/home (e.g. car, coach, train, etc.)?

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 handling 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

Zurich Private Clients

www.zurich.co.uk/high-net-worth

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