Zurich Private Clients
Travel claim form
Medical and curtailment

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 `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).

- 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.

- All medical receipts and invoices.

- Medical report from the treating doctor.

- The Medical Certificate completed by the usual GP.

- Winter Sports:
  - written confirmation from the treating doctor that you were unable to use the remaining proportion of your ski pack
  - original receipts/invoices for the ski pack items showing how many days you were booked for and the amount paid.
- Curtailment:
  - the tour operator's report into the incident which caused the curtailment
  - any flight tickets/boarding passes, etc., which confirms the return journey home.

Details of claim

Please confirm the nature of the injury/illness/accident.

Date of injury/illness/accident   D D M M Y Y Y Y

Place of injury/illness/accident

If you are claiming because of illness, have you previously suffered from this condition? ☐ Yes ☐ No

Were you admitted as a hospital inpatient? ☐ Yes ☐ No

If Yes, please confirm the date admitted   D D M M Y Y Y Y

Date discharged   D D M M Y Y Y Y

Were any of your party or family required to attend to you whilst in hospital? ☐ Yes ☐ No

How were you transported to hospital?

Approximate distance between hospital and resort

Were the medical assistance company contacted? ☐ Yes ☐ No

If Yes, please confirm the date and time   D D M M Y Y Y Y

Please confirm the reference

If No, please confirm why.

Medical accounts already paid

Description	Amount paid	Date paid
	£	D D M M Y Y Y Y
	£	D D M M Y Y Y Y
	£	D D M M Y Y Y Y
	£	D D M M Y Y Y Y
	£	D D M M Y Y Y Y
Total	£	

Outstanding medical accounts still awaiting payment

Description	Invoice amount
	£
	£
	£
	£
	£
Total	£

Do you expect any further medical invoices? ☐ Yes ☐ No

If Yes, please provide the details.

Additional return home/transport costs (if applicable)

Description	Amount paid
	£
	£
	£
	£
	£
Total	£

Ski pack costs (if applicable)

	From	To	
Ski pass	D D M M Y Y Y Y	D D M M Y Y Y Y	£
Ski/equipment hire	D D M M Y Y Y Y	D D M M Y Y Y Y	£
Ski lessons	D D M M Y Y Y Y	D D M M Y Y Y Y	£
		Total	£

Curtailment claims only

Date you were advised to curtail your trip   D D M M Y Y Y Y

Who advised that curtailment of your trip was necessary? _____

Names of people claiming under this insurance

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

Person 6 _____

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 _____

Additional information

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 |

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