

Travel claim form

Cancellation/curtailment

Due to bereavement/illness of the relative, business colleague or close friend of an insured person

Please return this form to your Insurance Broker or zpc.claims@uk.zurich.com

Details of policyholder

Name

Address

Postcode

Telephone Work telephone

Email address

Policy number

Renewal date

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

If Yes, please provide the name and address of insurer

Policy/reference number

Trip details

Outward journey date Return journey date

Country

Destination

Claim details

Please confirm the nature of the injury/illness/accident

Date of injury/illness/accident	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Place of injury/illness/accident	
Date you cancelled or curtailed trip	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

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

Person 1	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Address		
	Postcode		
Person 2	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Address		
	Postcode		
Person 3	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Address		
	Postcode		
Person 4	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Address		
	Postcode		
Person 5	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Address		
	Postcode		
Person 6	Name	Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	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.
- For bereavement: a copy of the death certificate (if not immediate family, any other documentary evidence to support this).
- For illness: letter from a Medical Expert confirming the date of diagnosis and the condition of the patient.
- Cancellation: 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).
- Curtailment:
 - any flight tickets/boarding passes, etc. which confirms the return journey home
 - any additional return home/transport costs
 - written confirmation or copies of all receipts and invoices for any costs incurred for unused accommodation and related costs.
- Winter sports: copies of Ski Pack costs incurred (if any).

Details of amounts paid for the trip

Deposit	£ <input type="text"/>	Date paid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Balance	£ <input type="text"/>	Date paid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount refunded by your tour operator	£ <input type="text"/>	Date paid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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) £

Bank details

Account name <input type="text"/>	
Account number <input type="text"/>	Sort code <input type="text"/>
Name of bank <input type="text"/>	

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.

Data protection statement

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

Signature

Date

D

D

M

M

Y

Y

Y

Y

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