

Report a travel claim

If you're ready to make a claim, complete your details below and a member of our claims team will contact you to arrange your next steps.

Please be aware that any inaccurate statements or withholding of information will render your claim void. It may also result in criminal prosecution against you if false and dishonest information is provided.

*denotes required field

About you

Claimant's name*

Policyholder's name*

Policy number*

Date of birth*

 /

Policyholder's address*

Town/city*

Postcode*

Is your address the same as the policyholder's address?*

 Yes No

If NO – your address*

Town/city*

Postcode*

Contacting you

Your email*

Your contact number*

We may wish to contact you to discuss your claim – how do you wish to be contacted?*

By email By phone

About the incident

Area of cover (please select all that apply)*

Baggage claim **Cancellation** **Cutting a trip short** **Medical** **Missed departure**
 Passport, documents **Personal liability** **Personal money** **Travel delay**

Location (country)*

Claim date*

What time did it happen and when was it discovered?*

What date did you/were you due to travel on?*

What date did you/were you due to travel back?*

Public transport carrier, if applicable*

Travel itinerary number, if applicable*

Please describe the circumstances leading up to and surrounding the incident, including discovery of the loss or the reason for the claim*

About your baggage claim

Are you the sole owner of the item(s) being claimed?* Yes No

If NO – details of ownership*

What do you use the item(s) for?*

Make, Model, Age and original purchase price of items being claimed*

About your Personal money claim

Are you the sole owner of the money being claimed?* Yes No

If NO – details of ownership*

Amount being claimed and type (e.g. bank notes, vouchers, tickets etc.)*

About your Passport, documents etc.

Are the document(s) your own?* Yes No

If NO – details of ownership*

Amount being claimed and type of expenses (e.g. for extra travel or accommodation)*

Theft & loss

Where did the incident take place? (Name of accommodation/address? Which room/was it from a vehicle?)*

Who discovered the incident?*

Where were you at the time of the incident*

Was the property occupied at the time of the incident, if yes who by*

Was there forced entry into the property/vehicle? If yes please provide description*

Reported to police?* Yes No

Do you have a Police reference number? (If yes, please provide details)*

Do you have written confirmation or a reference number? (If yes, please provide details)*

Reported to an authority or your accommodation provider?* Yes No N/A

Do you have written confirmation or a reference number? (If yes, please provide details)*

Time reported*

Damage

How did the damage happen?*

Where did the damage happen?*

Who caused the damage?*

Is there visible damage?*

Can a damage report be obtained?* Yes No

If a damage report cannot be obtained, are you in the UK?* Yes No

Delay

Have receipts been kept?* Yes No

How long was baggage delayed for?*

Was baggage delayed on outbound or inbound flight?*

Can you obtain confirmation of delay?*

What items have been purchased? (essential items only)*

About your medical claim

Symptoms*

Diagnosis, nature of illness or injury*

Have you ever suffered from the same or related condition before? (If yes, please provide details)*

If treatment was given, please provide details*

Date of treatment (if applicable)*

Name of Hospital/Clinic (if applicable)*

Where did you buy your prescription (if applicable)*

Date of payment*

Claim cost in local currency (if applicable)*

Did you use a European Health Insurance Card (EHIC)?* Yes No

European Health Insurance Card (EHIC) number

Has our Zurich Assist Team been notified?* Yes No

Zurich Assist Reference number

About your cancellation claim

Name of any other travellers included on the Policy*

Date trip booked*

Is this due to illness?* Yes No

If due to illness, when did you first receive a consultation?*

Have you ever suffered from the same or related condition before? (If yes, please provide details)*

Has there been a change in your health, medication or treatment between the time of booking the trip and purchasing the insurance? (If yes, please provide details)*

Is this due to injury?* Yes No

Date of incident?*

How much has been paid for the trip?*

Have you received any refund? If so how much?*

About cutting a trip short

Reason for cutting a trip short*

Did you contact our Zurich Assist Team?* Yes No

Zurich Assist reference number

Date returned home*

Cost incurred*

If for a medical reason, did you seek medical advice in the country you were travelling in?* Yes No

If yes, was a medical report obtained from the treating medical practitioner?* Yes No

About your travel delay

Original departure time*

Travel itinerary number*

Location (For example name of airport, port or coach station)*

Time checked in*

Cause of delay*

New departure time and date*

Time

Date

Length of delay (number of hours)*

Did this happen to your outward journey, if so was trip cancelled after a 12 hour wait?*

Cost of trip?*

About your missed departure claim

Original departure time*

Travel itinerary number*

Location (For example name of airport, port or coach station)*

Cause of missed departure*

How much time was allowed between scheduled connections? (hours/minutes)*

Costs paid?*

Submitting your claim

Do you pay a monthly fee for your bank account?* Yes No

If yes, who is your account with?*

Who is your Household/Possessions Insurance with?*

Household/Possessions Insurance policy number*

Are you aware of any other insurance that may cover the loss* Yes No

If yes, please provide details of your other insurance*

Is everything you have told us true to the best of your knowledge?* Yes No

You cannot submit your claim unless you answer 'yes' to this question

Are you happy for us to register your claim against your policy?* Yes No

You cannot submit your claim unless you answer 'yes' to this question

To complete the process and submit your claim, please email this form and your relevant documents to travel.claims@myzurich.co.uk, quote your policy number in the subject line.

Your travel documents, confirming your dates of travel and location(s) visited.

Confirmation from your public transport carrier of loss/delay, if applicable.

Cancellation invoice from your tour operator or public transport carrier, if applicable.

Medical Practitioners note to confirm details of illness, if applicable.

Receipts or proof of ownership for lost items, if applicable.

Police report following the loss or theft of items, if applicable.

Alternatively, you can send copies to:

Zurich Insurance plc
Claims
Shurdington Road
Cheltenham
Gloucestershire
GL51 4BF

Upon receipt of your documents, we'll contact you to either settle your claim or advise of the next steps of the process.

Or, if you have indicated that you're unable to provide documentation, we'll contact you to discuss this further.

If you have any queries in the meantime, please contact us on **0800 953 0569**.

Print a copy for your records.



Zurich Insurance plc

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