



ZURICH®

Travel Insurance Claim Form



① Claim submission

- Login mobile app "Zurich HK" **OR** submit this claim form by post/email
- Post: Zurich Insurance Company Ltd, Claims Department, 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong **OR**
- Email: claims@hk.zurich.com

For simple claims submission, please download "Zurich HK" mobile app to enjoy a straight-through claim service for the following claim types:

- Damage to suitcase
- Out-patient medical expenses
- Travel delay
- Baggage delay
- Rental vehicle excess



② Claim acknowledgement

- Receive acknowledgment SMS and / or email in 2 working days

③ Claim result

- After submitting all the required documents, claim assessment will be completed in 7 working days with the acknowledgement sent by email/ SMS/ mail

Remarks:

1. Please report your loss(es) by submitting this Claim Form to us or through "Zurich HK" mobile app (if appropriate) within 30 days from the date of incident.
2. For inquiry, please call our Claims Hotline at 2903 9388 or email at claims@hk.zurich.com or fax at 2968 1660

Personal Details (*Mandatory fields)

*Policy / Certificate no. _____

*Insured person _____ Insured person HKID / Passport no. _____

Contact person _____

(If the same as Insured person, please ignore this field)

*Contact person postal address _____

* Contact person mobile no. _____ * Contact person email address _____

Our company will send you the **claim acknowledgement** and **claim settlement** by SMS and / or email.

Our company may contact you by **email** to obtain additional information to process your claim, if necessary. If you would like to change the communication channel to **mail**, please the box: By mail (If you have an insurance intermediary/agent, our company will contact you via insurance intermediary/agent.)

General Information

Travel period from (DD/MM/YY) _____ to (DD/MM/YY) _____

Are you making any other insurance or compensation claim as a result of this incident? No Yes, please specify:

Name of insurance company _____ Policy no. _____

Do you need your submitted receipt(s) to be returned? Yes, please return a certified true copy.

Payment Method

- By direct credit / wire transfer (Only applicable to the listed banks below and for claim amount less than HKD100,000), please provide your bank details below:
- Account holder's name (Insured person OR the father or mother of the under 18 years of age insured) _____
 - Bank (please) HSBC Standard Chartered Bank Hang Seng Bank Bank of China (Hong Kong) Other bank, please specify _____
(Remark: If you choose to make a direct credit via "Other bank", the bank may charge you an additional transfer fee and deduct from the amount transferred.)
 - Bank account no. _____
- By cheque (Post to Insured person's policy address or insurance intermediary; if the policy's address is absent, post to contact person postal address.)

Claim items and documentation

Please the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents. Certain claim items are only applicable to specific travel insurance products.

Claim items	Claim documents checklist
<input type="checkbox"/> Medical expenses (Please fill in Section 1, page 3)	<ol style="list-style-type: none"> 1. Original / certified true copy of medical bills showing the medical expenses and diagnosis 2. Copy of medical report and referral letter for medical treatments conducted by specialists, physiotherapists 3. Copy of letter of hospital admission and discharge summary
<input type="checkbox"/> Personal accident (Please fill in Section 2, page 3)	<ol style="list-style-type: none"> 1. Copy of overseas police report or incident report issued by relevant authority (if applicable) 2. Copy of medical report / coroner's report 3. Copy of death certificate (if applicable) 4. Copy of relationship proof to the insured e.g. birth certificate, marriage certificate (if applicable) 5. Original / certified true copy for the Letters of Administration / grant of probate (if applicable)
<input type="checkbox"/> Loss / damage to personal baggage or personal belongings (Please fill in Section 3, page 4)	<ol style="list-style-type: none"> 1. Copy of photographs showing the extent of damage(s) to the claim item(s) 2. Copy of overseas police report / property irregularity report (if applicable) 3. Copy of repair quotation of the damaged item(s) (if applicable) 4. Original / copy of purchase receipts of the lost / damaged item(s) (if applicable)
<input type="checkbox"/> <ul style="list-style-type: none"> • Loss of personal money • Loss of travel document and / or travel ticket • Unauthorized use of lost credit card during the insured journey (Please fill in Section 3, page 4)	<ol style="list-style-type: none"> 1. Copy of overseas police report / property irregularity report (if applicable) 2. Original / copy of receipts for extra accommodation fee, traveling expenses, replacement of lost travel documents and / or travel tickets (if applicable) 3. Copy of statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable) 4. Copy of notification to the credit card company in relation to the incident of unauthorized use of credit card (if applicable)
<input type="checkbox"/> <ul style="list-style-type: none"> • Travel / baggage delay • Extra re-routing cost due to travel delay (Please fill in Section 4, page 4)	<ol style="list-style-type: none"> 1. Copy of written report from the related public common carrier with reason(s) and duration for the travel delay or baggage delay 2. Copy of scheduled and actual itinerary flight boarding pass / electronic boarding pass (if applicable) 3. Original / copy of receipts for additional hotel accommodation, travel ticket and / or necessities expenses due to travel delay or baggage delay (if applicable)
<input type="checkbox"/> <ul style="list-style-type: none"> • Cancellation / curtailment of trip • Cruise tour interruption cover • Missed event (Please fill in Section 4, page 4)	<ol style="list-style-type: none"> 1. Trip cancellation / curtailment proof e.g. copy of medical report or death certificate 2. Copy of refund confirmation issued by public common carrier or travel agency (if applicable) 3. Copy of relationship proof to the insured e.g. birth certificate, marriage certificate (if applicable) 4. Original / copy of paid travel expense / accommodation fee and / or tour fee and / or sightseeing event receipt (if applicable) 5. Original / copy of booked ticket cost to overseas theme park or sports events or music or performance events (receipt or payment details) (if applicable) 6. If travel cancellation / curtailment is due to death, serious physical injury or serious illness of the insured person, immediate family members or travel companion, please provide their copy of death/medical certificates and relationship proof (if applicable)

Claim items and documentation (Continued)

Claim items	Claim documents checklist
<input type="checkbox"/> Personal liability (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of overseas police report or incident report issued by relevant authority (if applicable) 2. Original / copy of compensation invoice and payment receipt for the damaged item(s) if applicable 3. Copy of other related documents e.g. summons, all court documents, solicitors' correspondences (if applicable)
<input type="checkbox"/> Rental vehicle excess (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of rental vehicle's comprehensive insurance policy 2. Copy of vehicle rental agreement 3. Original / copy of excess receipt and / or rental receipt 4. Copy of damage incident report
<input type="checkbox"/> Satellite phone on cruise ship (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of medical report 2. Copy of satellite telephone receipt issued by service provider
<input type="checkbox"/> Damage of evening wear for formal dinner on cruise ship (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of written documents issued by the cruise company stating the damage of evening wear for formal dinner on cruise ship while using the laundry service (other than damage due to the use of self-service laundry on the cruise ship) with details of the permanent damage 2. Proof (e.g. photograph) showing that the evening wear was worn during the "dinner with the captain"
<input type="checkbox"/> <ul style="list-style-type: none"> • Extra hotel cost • Extra pet care cost • Extra park and fly cost due to involuntary journey extension (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Copy of written report issued by the related public common carrier with reason(s) and duration for the delay 2. Original / copy of the daily extra accommodation fee, check in and out date receipt issued by the hotel (only applicable to involuntary journey extension) 3. Original / copy of the daily extra accommodation fee, check in and out date receipt issued by the pet hotel company (only applicable to involuntary journey extension) 4. Original / copy of the extra parking fee, parking and departing date receipt issued by the car parks of Hong Kong International Airport (only applicable to involuntary journey extension)
<input type="checkbox"/> Course tuition fee (Please fill in Section 5, page 4)	<ol style="list-style-type: none"> 1. Original / copy of receipt for tuition fee for course(s) enrolled before working holiday or during the trip 2. Copy of medical report (if applicable) 3. Copy of incident report of insured person's principle home related to the fire, flood, burglary incident within one week before the commencement date of the course (if applicable)

Section 1 Medical expenses

Medical expenses amount (please state the currency) _____ Location of injury / sickness _____

Date of incident (DD/MM/YY) _____

For injury case, please state where and how did the accident occur. For sickness case, please state the symptom(s) and when the symptom(s) did first appear.

Did you / will you receive any follow up treatment(s) in Hong Kong? No Yes, please provide the estimated recovery date (DD/MM/YY) _____

Section 2 Personal accident (includes accidental death and permanent disability)

Location of incident _____ Date of incident (DD/MM/YY) _____

Casualty's condition (Please the box) Death Injury, please list sustained injury(ies) _____

Details of accident _____

Section 3 Loss / damage to personal baggage / personal money / travel document / travel ticket or unauthorized use of lost credit card

Location of incident _____ Date of incident (DD/MM/YY) _____

Details of incident _____

Lost / damaged item(s)	Date of purchase (DD/MM/YY)	Original purchase price (please state the currency)	Repair cost(s) (please state the currency) (if applicable)

Section 4 Travel / baggage delay or trip cancellation / curtailment or missed event or cruise tour interruption cover

Please <input checked="" type="checkbox"/> the applicable option(s)	<input type="checkbox"/> Travel delay	<input type="checkbox"/> Baggage delay	<input type="checkbox"/> Trip cancellation	<input type="checkbox"/> Trip curtailment	<input type="checkbox"/> Missed event	<input type="checkbox"/> Cruise tour interruption cover
Related expenses / fee (please state the currency):						

Reasons _____

If the claim item(s) is/are Travel delay or Trip curtailment or Baggage delay, please fill in below table.

Travel delay or Trip curtailment	Departure date and time (DD/MM/YY, HH:MM)	Arrival date and time (DD/MM/YY, HH:MM)
Original		
Actual		

Baggage delay	Original arrival date and time (DD/MM/YY, HH:MM)	Actual arrival date and time (DD/MM/YY, HH:MM)

Section 5 Other coverage(s)

Please the applicable option(s): Personal liability^ Rental vehicle excess Other(s), please specify _____

Related expenses (please state the currency) _____ Location of incident _____

Date of incident (DD/MM/YY) _____

Details of incident _____

(^Please do not admit liability on or enter into any settlement agreement with the third party without our company's prior written consent.)

Declaration and authorization

1. I / We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
 2. I / We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd
 - 1) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd ("Company") may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
 - I. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - II. to process requests for payment, and for direct debit authorization;
 - III. to manage any claim, action and /or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - IV. to compile statistics or use for accounting and actuarial purposes;
 - V. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and /or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;
 - VI. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 - VII. to collect debts;
 - VIII. to facilitate the Company's authorized service providers to provide services to the Company and /or the customers for the above purposes; and
 - IX. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - 2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:-
 - I. companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - II. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or Investigation services;
 - V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - VI. any person pursuant to any order of a court of competent jurisdiction; and
 - VII. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
 - 3) All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

Personal Data Privacy Officer
26/ F, One Island East
18 Westlands Road
Island East
Hong Kong
 - 4) In accordance with the Personal Data (Privacy) Ordinance (Cap 486), the Company has the right to charge a reasonable fee for processing any data access request.
 - 5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
3. I / We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I / We have been observed or treated to give full particulars about my/our health to the Company or its agents.
 4. I / We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.
 5. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Insured person (If the Insured person is under 18 years of age, please sign by his/her father/mother)

Signature of contact person (if applicable)

Date (DD/MM/YY) _____

Date (DD/MM/YY) _____