Credit card Travel Claim Form

Important Notice

- The provision of this claim form by Zurich Australian Insurance Limited, a company incorporated in Australia, ACN 000 296 640, trading as Zurich New Zealand ("Zurich New Zealand"), the product issuer and insurer, is not an admission of liability or acceptance by Zurich New Zealand of your claim.
- Please complete this form digitally if possible. You may also print and use a dark pen to complete, writing in BLOCK letters.
- Please review your policy documentation to understand the benefits available to you and any applicable excess. An excess is the first amount of a claim that you have to pay. If an excess applies to a claim which we'll cover, we will take this amount off your claim, or in some cases we may ask you to pay the excess to a supplier or us. For further information including the excess amounts please refer to the applicable Policy Wording.
- Further evidence required to support your claim is detailed under the relevant sections - please provide this with your claim form to avoid delays in assessing your claim. We may require more information during the process so please include any other information you think may be relevant when you submit your claim.
- This form must be completed truthfully and accurately. We reserve the right to request original receipts, reports or other documentation to substantiate your claim.
- Please provide supporting documents in English where possible.
- If you incurred expenses in a foreign currency please note the currency in the amount claimed under the relevant section. We will convert any amounts incurred in foreign currencies to New Zealand dollars using the exchange rate published at the time the expense was incurred:
- If you, or any person included in your claim, provide any information, in support of your claim which is false or deliberately misleading, Zurich New Zealand reserves the right to decline your claim in part or in full. Zurich New Zealand also reserves the right to recover any amounts paid to you or on your behalf from you if you submit a fraudulent claim.
- Zurich New Zealand engages other entities including Travel Guard companies within the Zurich Insurance Group, to provide services in support of travel insurance as permitted by applicable laws.

How to complete this claim form

Please keep a copy of your claim form and any supporting documents including any originals. Make sure you have completed all the information in the sections labelled:

- Your personal details
- Your policy information
- Bank details
- Claim details
- The Claim section you are claiming under
- The Declarations (at the end of the form)

You will need to send us a copy of this claim form with your supporting documents (including copy of your credit card statements & bookings) to:

Email NZTravelClaims@travelguard.com

Post
Zurich New Zealand
Private Bag 92192
Victoria Street West, Auckland 1142

Please submit your claim as soon as reasonably possible – undue delay could affect your claim.

Additional support

At Zurich New Zealand, we understand that anyone can experience vulnerability due to various life events such as illness, bereavement, financial hardship, or other circumstances. We are committed to recognising and supporting customers with unique needs, whether their vulnerability is temporary or ongoing. Our staff are trained to provide empathetic, tailored assistance and ensure privacy, working closely with customers and their representatives to offer the right support, including access to specialised services for those from indigenous or diverse cultural backgrounds.

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Your Personal Details

Your first name | Your last name

Date of birth / /

Best contact phone number | Email address

Postal address

Do you require the use of a hearing assistance services such as the New Zealand National Relay Service? Yes ☐ No ☐

Do you require the assistance of an interpreter? Yes ☐ No ☐

Please advise your language

Is there someone helping you with your claim you would like us to talk to? Yes ☐ No ☐

If 'Yes', please let us know their details below. By providing these details, you authorise Zurich New Zealand and its representatives to discuss and share information about this claim with the person named below. You can revoke this authorisation at any time by contacting Zurich New Zealand.

First name | Last name

Date of birth / /

Best contact phone number | Email address

Postal address

Your policy information

Please let us know your Policy (or certificate) number (if available)

Did you arrange any optional cover extensions, such as cover for pre-existing medical conditions? Yes ☐ No ☐

What is the full name of the credit card holder?

What are the first six digits of your credit card the policy relates to? ☐☐☐☐☐☐

The name of my bank who issued my card is

What sort of credit card do you hold?

Is one of the reasons for your travel to engage in business or work related activities? Yes ☐ No ☐

Did you use the card to pay for at least some of your pre paid itinerary costs? Yes ☐ No ☐

If Yes, how much: $

Note: You will need to provide your credit card statement (or other documents if applicable), must show the type of card you hold, and your name, as well as the details of payments charged to your card that show you met the activation requirements of your policy (if any). If you did not use your card to pay for your trip, for instance if you used rewards points, please include a separate note or letter with relevant details. We will still need a statement to verify the type of card that you hold.

I have attached a copy of my ticket/booking showing my travel departing & returning to New Zealand Yes ☐ No ☐

Scheduled date of departure: / / and scheduled date of return to New Zealand: / /

Bank Details

All claim payments are paid via Electronic Funds Transfer (EFT).

It is your responsibility to ensure that the bank account or financial institution details you provide are accurate. Zurich New Zealand is under no obligation to verify these details. You agree to repay Zurich New Zealand, on demand, any amount that is credited to you in error. If you become aware of any overpayment or any error in your favour, you must notify Zurich New Zealand within 48 hours.

Payment is deemed to have occurred when Zurich New Zealand has instructed its bank to credit the nominated account. Zurich New Zealand is not responsible for any delays or errors in the processing of payments that are outside Zurich New Zealand's reasonable control.

Zurich New Zealand reserves the right to recover any overpayments made in error, including by offsetting such amounts against any future payments or liabilities owed to you. The issuance of this form does not constitute confirmation of indemnity or an admission of liability by Zurich New Zealand.

Account holders name

Bank account numbers) ☐☐ – ☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐☐☐

Claim Details

To help us understand what type of claim you are making, please tick the applicable box(es) and complete the required Section listed. This will help us resolve your claim as quickly as possible.

You only need to complete Sections of this form that are relevant to your claim. Please note: Not all Sections may be applicable, depending on your policy (please check your policy documents for details of what's insured and excluded).

☐ Medical expenses (including dental and hospital)	Complete Section 1
☐ Cancellation & additional costs (incl. loss of deposits)	Complete Section 2
☐ Luggage (including delayed luggage) and personal effects	Complete Section 3
☐ Rental vehicle excess, Legal liability or Other	Complete Section 4

Section 1: Medical Expenses

Documents we will need:

- Medical reports detailing the injury or illness and any treatment you had
- A copy of your discharge summary (if you were hospitalised)
- Any bills or receipts for the costs you are claiming
- Any claim payment notice from your private health insurance or public health care scheme

Have you received any partial payment or compensation for any of your claimed costs from a private or legal settlement, other insurance company or statutory scheme (such as a Reciprocal Health Care Agreement)? Yes ☐ No ☐

If 'Yes', please provide further details below

1. Consider: Who received this treatment?
   - ☐ Myself (Proceed to question 2)
   - ☐ Someone else covered under this policy

   If treatment was required by someone else, please provide their details below

   Full name Date of birth / /

   Relationship to you

2. What happened to cause the injury or illness?

3. Where were you when you became suffered injury or illness?

4. When did you first notice your symptoms if applicable? / /

5. When did you first seek medical treatment? / /

6. Who provided your medical treatment?

Name/Practice

Address

Phone number Email address

7. Did you also need to go to hospital? Yes ☐ No ☐

   Hospital name

   Address

   Phone number Email address

   Date admitted / / Date discharged / /

8. Have you ever had a similar injury or illness before? Yes ☐ No ☐
If 'Yes', please provide further details below

9. Do you have private health insurance? Yes ☐ No ☐

Name of Insurer

10. Please provide us a list of the costs you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it “Medical Costs”.

Invoice date	Amount	Provider	Description

11. Are you waiting to receive any additional invoices or costs? Yes ☐ No ☐
If 'Yes', please provide any further details you may have

Section 2: Cancellation & additional costs

Please complete this section if you are claiming out of pocket expenses for non-refundable travel deposits, cancellations or additional expenses over and above the costs you had expected to pay as part of your original travel itinerary. This may include costs such as cancelled/re-issued tickets or additional accommodation expenses.

Documents we will need:

- Your original itinerary including any applicable flight confirmations, hotel bookings, ticket booking confirmations.
- Proof of payment for the original booking and any additional expense.
- Copies of any refund receipts/letters.
- Any supporting documentation to help us understand the reason for the delay. (E.g. A medical certificate, medical report, a letter from your travel provider explaining the circumstances of the event)
- If the cancellation or costs happened because of a death, a copy of the death certificate if available.

To help us understand what caused your additional costs, please tick the applicable box(es) and complete the required Part:

☐ An injury or illness including another person's injury or illness who is covered under this policy, and was not captured in Section 1: Medical Expenses.	Complete Part 1 and Part 2
☐ An injury or illness I am claiming in Section 1: Medical expenses	Complete Part 2 only
☐ Something that happened outside of my control	Complete Part 2 only

Section 2 – Part 1

1. Consider: Who received this treatment?
   ☐ Myself
   ☐ Someone else covered under this policy
   If treatment was required by someone else, please provide their details below
   Full name Date of birth / /
   Relationship to you
2. What happened to cause the injury or illness?
3. Where were you or the injured person when you became suffered injury or illness?
4. To your knowledge, have you or the other person ever had a similar injury or illness before? Yes ☐ No ☐

Section 2 – Part 2

1. When did you need to cancel your trip? / /
2. What happened to cause the cancellation or additional expenses?
3. Have you requested or are waiting on a refund as part of this cancellation claim?
   Yes ☐ No ☐ If 'Yes', please provide details

Please provide us a list of the costs you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it "Additional Costs".

Description	Provider	Date booked/paid	Date of cancellation	Amount paid	Refund received

4. Are you waiting to receive any additional invoices, costs or refunds? Yes ☐ No ☐
   If 'Yes', please provide any further details you may have

Section 3: Luggage (including delayed luggage) and personal effects

Please complete this section if you are claiming for the replacement of essential items (such as toiletries) because your luggage was delayed by a carrier or if your luggage or other personal effects are otherwise lost, stolen or damaged.

The Montreal Convention imposes liability on airlines for lost or damaged baggage. You should submit a claim to the relevant airline to avoid any delays in us resolving your claim.

Documents we will need:

- Proof of ownership of your items and their value (such as original purchase receipts, bank statements, photos).
- A police report for any stolen items.
- For lost or damaged baggage, a copy of your airline ticket and booking confirmation.
- Any correspondence from your airline explaining why they are unable to cover your expenses or the amounts they have agreed to pay.
- Any other report or letter from your transport or hotel provider explaining the loss or damage.
- Itemised receipts for any essential items you purchased.
- A quote for repairs from an authorised provider for your item(s).

1. Are any of the missing/stolen or damaged items owned by someone else? (e.g. a work laptop) Yes ☐ No ☐
   If 'Yes', please provide details

2. Are any of the missing/stolen or damaged items covered by other insurance? Yes ☐ No ☐
   If 'Yes', please provide details

   Insurance company name

   Claim number

   Policy number

3. Did you receive any compensation (including credits or vouchers) from the other insurance company in respect of the missing/stolen or damaged items? Yes ☐ No ☐
   If 'Yes', please provide details

4. Are you waiting to receive any additional invoices, costs or refunds? Yes ☐ No ☐
   If 'Yes', please provide any further details you may have

Claims for Lost and delayed luggage

5. Where was your luggage delayed?

6. What time did you arrive at your destination? Time ☐ AM ☐ PM

7. Was your luggage returned to you? Yes ☐ No ☐
   If 'Yes', please specify when / / Time ☐ AM ☐ PM

8. Were any items missing/stolen or damaged from your baggage? Yes ☐ No ☐
   If you need more space, you can attach a separate page to your claim form. Please label it “Personal Effects”.

Description	Approximate age of Item	Amount paid	Store where item was purchased

9. Did you need to purchase any essential items whilst your luggage was delayed?
If you need more space, you can attach a separate page to your claim form. Please label it “Personal Effects”.

Description (including store/merchant details)	Purchase date	Traveller the item was purchased for	Amount Paid

Claims for Lost and damaged personal effects

1. When did the incident occur or you first notice the loss or damage?

2. What happened?

3. Where did the incident or damage occur?

4. Did you report the loss or damage to anyone? (e.g. Police, Hotel Manager) Yes ☐ No ☐
If 'Yes', please include any reference/report/incident number you may have

Please provide us a list of the items you are claiming. If you need more space, you can attach a separate page to your claim form. Please label it “Personal Effects”.

Description	Approximate Age of Item	Amount Paid	Store where item was purchased

Section 4: Rental vehicle excess, Legal Liability or Other

Please complete this section if you are claiming for the insurance excess (this is sometimes called a deductible) under your rental vehicle hire agreement or someone is holding you responsible for their injury or property damage (e.g. you spilled a drink and they slipped over), or for any other loss under your policy which is not detailed in Sections 1 to 3 of this claim form

If you have received correspondence from a solicitor or other legal documents, please submit your claim and supporting documents to us as soon as possible.

Documents we will need

- Your rental vehicle hire agreement and insurance documents completed for the rental vehicle.
- Any police report
- Any correspondence from your rental provider outlining the circumstances and what you need to pay (e.g. invoices, receipts, quotes).
- Any letters of demand or other correspondence sent to you by the person holding you responsible.
- Any images, statements, video footage you may have of the incident

1. When did the incident occur?

   / / Time ☐ AM ☐ PM

2. Was anyone injured? Yes ☐ No ☐

3. What happened? Please include details such as locations, injuries, damage and what happened immediately before, during and after the incident.

   If you need more space, you can attach a separate page to your claim form. Please label it “Statement”.

4. Please specify the section(s) under your policy wording which describes your loss or claim.

5. Did the police attend? Yes ☐ No ☐

   If 'Yes', please provide the police report number

For Rental Vehicle Excess claims only

6. Who was driving or in control of the rental vehicle when the incident occurred?

   Full name Date of birth / /

   Address

7. What excess was charged to you by your rental provider?

8. Have you paid the excess? Yes ☐ No ☐

Declarations

I/we (print name/s)

declare that the above answers and those contained in any attachments are true and note that the insurer, Zurich Australian Insurance Limited, incorporated in Australia, ACN 000 296 640, trading as Zurich New Zealand ("Zurich New Zealand"), may rely on such answers in determining a claim.

I/we have not concealed any material fact relating to this circumstance. I/we undertake to provide Zurich New Zealand with assistance in dealing with this matter and understand that failure to co-operate with Zurich New Zealand and to provide all information relevant to the circumstance may result in my/our claim being denied.

I also declare that I have:

☐ No other travel insurance with any insurance company

☐ Travel insurance with

Authority

I/we authorise any person or entity (including any hospital, physician or other person who has attended me, my employer, my accountant and other professional advisers, financial institutions including banks and insurers, government departments including Inland Revenue, telecommunications and internet service providers, airlines, hotels, shipping agents, and/ or travel agents) to furnish Zurich New Zealand or its representatives with:

(i) copies of hospital and medical reports/notes which Zurich New Zealand considers relevant to the claim;

(ii) information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment) which Zurich New Zealand considers relevant to the claim; and

(iii) copies of any other documents or records considered by Zurich New Zealand to be relevant to the claim and which may include copies of employment records, income tax returns and bank statements.

I/we agree that a photocopy of this authorisation shall be considered as effective and valid as the original and authorise its use as such.

Untrue/False Information

I/we agree to provide Zurich New Zealand or its representatives with all requested information or documentation relevant to our claim. I am/we are aware that if I/we supply any untrue or false information and know it is not true, Zurich New Zealand shall have the right to refuse the claim in part or in full.

Privacy Notice

Zurich New Zealand is bound by the Privacy Act 2020 (NZ) ('Privacy Act'). In this Privacy Notice, the words "we", "us" and "our" refer to Zurich New Zealand. Laws authorising or requiring us to collect information include the Privacy Act, United Nations Act 1946 (NZ), Terrorism Suppression Act 2002 (NZ) and Goods and Services Tax Act 1985 (NZ), as those laws are amended and include any associated regulations, and other financial services, crime prevention, sanctions and tax laws.

We collect, hold, use, disclose and handle information, including personal or sensitive information (e.g. health records), about you ('your details') to manage claims, investigate and share information on fraud, manage emergency assistance services including travel, accommodation, liaison and medical services, assess applications, administer policies, contact you and enhance our products, offerings and services including research and data analytics functions ('Purposes'). If you do not or provide us with access to, your details, we may not be able to do those things.

By providing us, our representatives or your agents with your details, you consent to us our representatives or your agents collecting your details from you and from third parties, holding using and disclosing your details to third parties, for the Purposes, in the manner described below.

We may disclose your details including your sensitive information for the relevant Purposes to relevant third parties including:

- your agents, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our distribution partners, our business partners and our service providers (including emergency assistance providers);
- our banking gateway providers and credit card transactions processors;
- health practitioners, travel providers, accommodation service providers, your travelling companions or family or contact person, parties affected by claims; and
- government agencies, regulators, law enforcement bodies, dispute resolution schemes, and as otherwise required by law.

Depending on the relevant Purpose, your details may be disclosed to our service providers, including Travel Guard companies (part of Zurich Insurance Group), for travel insurance-related services such as claims and complaints handling, policy management, medical and travel assistance. These providers may operate locally or overseas: Australia, Singapore, Malaysia, Philippines, United Kingdom or United States of America. The identity of our service providers and where they are located may change from time to time (you may contact us for details). Where we disclose your details to these recipients, we may not always be able to ensure these recipients comply with requirements comparable to the Privacy Act. You acknowledge that where your details are disclosed to recipients internationally, your details may not be protected by safeguards comparable to the Privacy Act and you consent to such disclosures

We may also disclose your details to individuals or entities located in countries where an event occurs giving rise to a claim or as otherwise notified in the Zurich Privacy Policy. However, some countries where these recipients are located may not provide the same level of protection or obligations as those under the Privacy Act. We may not always be able to ensure these recipients comply with the requirements comparable to the Privacy Act. You acknowledge that where your details are disclosed to recipients internationally, your details may not be protected by safeguards comparable to the Privacy Act and you consent to such disclosures.

We usually collect your details directly from you or your agents, but we may also collect from relevant third parties, including those listed above and publicly available sources. We may take into account the information we gather from these third parties for the relevant Purposes, in addition to your answers to any questions we have asked of you. Before giving us information about another person, please give them a copy of this privacy notice. By giving us information about another person, you confirm that you have obtained their consent to do so and have provided them with a copy of this privacy notice. Zurich New Zealand may also take steps to verify with that person that appropriate consent has been obtained where required.

You have the right to access and correct your personal information held by us. For more information including on how to exercise these rights or how to make a complaint, please refer to the Zurich Privacy Policy at https://www.zurich.co.nz/important-information/privacy or contact our Privacy Officer on 0508 987 424.

Consent
I consent to Zurich New Zealand collecting, using and disclosing personal information including as set out in the Privacy Notice. Where I have provided or will provide information to Zurich New Zealand about any other individuals, I confirm that I am authorised to disclose their personal information to Zurich New Zealand and also to give this consent on both my and their behalf.

NOTE: Zurich New Zealand will only seek information which in its opinion it believes to be relevant to investigation of the claim.

Signature of Insured/Claimant

✘ Date / /

Name of Parent/Legal Guardian (if Insured/Claimant is below the age of 18)

Signature of Parent/Legal Guardian (if Insured/Claimant is below the age of 18)

✘ Date / /

Fair Insurance Code
We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers. Please visit https://www.icnz.org.nz/individuals/about-the-code/ for more information.