Baggage/Personal Property Claim Form

While on my trip, I had to purchase or replace my baggage/personal property because it was damaged, delayed, lost, and/or stolen.

Step 1 – Provide Documentation (provide all)

Provide the following required documentation:

- ☐ Provide copies or photos of your itinerary and paid invoice.
- ☐ Provide copies or photos of receipts or proof of payment for the replacement items or the original items.
- ☐ Provide copies of any police reports for stolen items (if available).
- ☐ Provide documentation from the responsible party describing the situation (i.e. from the airline, cruise line, taxi company, etc.) including documentation of any refunds or credits issued.
- ☐ Provide proof of when your property was returned to you (if applicable).
- ☐ Provide copies or photos of any documentation, including damage, that supports the reason for your claim.

Step 2 – Submit All Pages of this Claim Form

Completed claim form and documentation can be submitted by either:

- ☐ **Scan**
- ☐ **Email to:** support@zurichtravelclaims.com
- ☐ **Mail to:**
  Zurich Travel Claims
  P.O. Box 1019, Youngwood, PA 15697-0919
- ☐ **Fax to:** 866-551-1704

If you have questions about your claim, our customer service team is available by
phone at 833-804-4848, Monday - Friday 8:30am – 8:00pm ET or by email at support@zurichtravelclaims.com

About Me

Claimant's Name (First and Last) | **Confirmation/Policy Number**

Mailing Address ☐ *Check if this is a change of address.* | **City** | **State** | **Zip Code**

Primary Phone Number | **Secondary Phone Number** | **Email Address**

How would you like your claim paid? ☐ Check ☐ Electronic fund transfer
*from Zurich via Dream Payments
*Instructions for steps to receive payment via this option will be emailed upon claim approval

Full names of all persons claiming	Relationship to Claimant	Email Address	Preferred Method for Claim Payment
			Check ☐ Electronic fund transfer* ☐
			Check ☐ Electronic fund transfer* ☐
			Check ☐ Electronic fund transfer* ☐

Name of agency/company you purchased your travel insurance from | **Date initial deposit paid for trip** *(mm/dd/yyyy)*

About What Happened

Please provide a detailed description.

Baggage/Personal Property Claim Form

Note – Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this protection plan and claims will be adjusted in accordance with the terms of the policy.

About the Loss/Necessary Purchases

For Delayed Property – Attach a written statement indicating the date your property was returned, copies of receipts for items purchased due to the delay and a written statement from the party responsible for the delay (i.e. airline, cruise line, etc.).

For Damaged Property – Provide a report from the responsible party, the original purchase or replacement receipts or the repair bill.

For Stolen Property – Provide original purchase or replacement receipts and a police report issued in the city where the property was stolen (if available).

For Lost Property – Provide original receipts and a written statement from the hotel manager, tour guide or the transportation official (i.e. airline, cruise line, taxi company, etc.).

Claim Type	Description of Property	Property Belongs to	Date and Place of Purchase	Original Cost	Replacement Cost	Amount Requested for Reimbursement
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
☐ Delayed ☐ Stolen ☐ Damaged ☐ Lost						
			Total Amounts in USD			

If you have more expenses, please provide a breakdown on an additional sheet using above format.

About Other Coverage

Was the property in custody of an airline, cruise line, railroad company, or any other carrier?	☐ Yes ☐ No	If YES, name of carrier:
Did you file a claim with the carrier?	☐ Yes ☐ No	If YES, please provide a copy of the outcome of the claim.
Did you purchase your property on a credit card?	☐ Yes ☐ No	If YES, name and type of credit card: (e.g. VISA Gold Card)
Do you have any other insurance coverage? (e.g. renters/homeowners, credit cards, etc.)	☐ Yes ☐ No	If YES, list below:

Name of Insurance Company **Policy Number** **Deductible Amount**

Address of Insurance Company **Phone Number**

If the claim has been submitted to another insurance company for these expenses, please provide:

Name of Insurance Company **Claim Number**

Please provide a copy of the outcome of that claim.

I/WE DECLARE THE ABOVE INFORMATION IS TRUE, COMPLETE AND CORRECT.

I/We authorize any other insurance company, under which I/we have coverage to disclose information as may be necessary with respect of my/our claim with Zurich American Insurance Company directly. I/We also authorize Zurich American Insurance Company to disclose to any other insurance company, under which I/we have coverage, any and all information as may be necessary with respect to my/our claim.

Signature of Claimant **Date** *(mm/dd/yyyy)*

Signature of Claimant **Date** *(mm/dd/yyyy)*

☐ I/We acknowledge that **checking this agreement box** and **typing my/our name(s)** in the signature box above constitutes an electronic signature and consent to file this claim electronically. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.

Claim Form Fraud Requirements

Mandatory – Please read and sign below.

All states other than those listed:
Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

AL, AR, AZ, CO, DE, DC, FL, IA, ID, IN, KY, LA, MD, ME, MN, NM, OK, RI, TN, TX, VA, WA, WV.
FOR YOUR PROTECTION STATE LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT WITH THE INTENT TO DEFRAUD OR DECEIVE ANY INSURER IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

Alaska
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

California
For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

New Hampshire
Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York for Auto
Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio
Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

Puerto Rico
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand ($5,000) dollars and not more than ten thousand ($10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I/We ACKNOWLEDGE that I/we have read the fraud statement that applies to my/our state of residence. If my/our state of residence is not listed, I/we acknowledge that I/we have read the "All states other than those listed".

Signature of Claimant **Date** *(mm/dd/yyyy)*

Signature of Claimant **Date** *(mm/dd/yyyy)*

☐ I/We acknowledge that **checking this agreement box** and **typing my/our name(s)** in the signature box above constitutes an electronic signature and consent to file this claim electronically. Electronic signatures are legal and enforceable in the same fashion as a traditional signature.