

# Critical Illness benefit claim form

(to be completed by the claimant)

## Instructions

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this form. Please return this questionnaire to your local Zurich office, details of which are in section 11 'Local Zurich office contact details'.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

Any benefit payment made will be subject to any applicable trade or economic sanctions.

## 1. Policy number

## 2. Details of the Life Insured

Title  Mr  Mrs  Ms  Other (*specify*)

First name

Last name

Any previous names or alias used, including maiden name (*if applicable*)

## 3. Details of your claim

Please describe your medical condition in full

What was the overall diagnosis?

Have you undergone any tests or investigations to confirm this diagnosis?

Yes  No

If yes, please give details

What treatment are you currently receiving?

### 3. Details of your claim (continued)

Have you received any other form of treatment?

Yes  No

If yes, please give details

What date did your symptoms first commence?

Date

Describe the initial symptoms that lead to your diagnosis?

Please provide details of all doctor(s) whom you had consulted with regards to your condition.  
(Please include copies of all medical reports including initial consultation and diagnosis reports along with the claim form)

Date of diagnosis of your condition

Date

Have you suffered from the same or similar condition previously?

Yes  No

If yes, please give details including dates

Please provide the name and contact details for all the doctor(s) who have treated you in the past (who is familiar with your past medical history) please include name of the hospital, address, telephone number and email address.

Have you received payment for this condition under any other insurance policies?

Yes  No

If yes, please give details

Name of the company	Type of Insurance	Amount of cover

Please provide any additional information below which you consider are relevant to your claim.

#### 4. Claimant details

Title  Mr  Mrs  Ms  Other (specify)

First name

Last name

Any previous names or alias used, including maiden name (if applicable)

Date of birth

Country of birth  Place of birth

Nationality

Do you hold nationality in any other country?  Yes  No

If yes, please confirm the country

Current residential address

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

Is this a U.S.\* based telephone number?  Yes  No

Are you a U.S.\* tax payer?  Yes  No

Are you a U.S.\* citizen?  Yes  No

\* The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

#### Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\*\* If you are currently tax resident in the United Kingdom, please provide your National Insurance number

#### 5. Method of payment (Please tick one of the following options)

Autopay  Interbank giro payment (Singapore dollars in Singapore only)  
 Telegraphic transfer (bank charges apply)  Swedish giro (Swedish krona to Swedish banks)  BACS (UK only)

Bank name

Bank address

Account holder's name(s)

**If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail – section 6.**

Reason





## 10. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

### Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

### What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

### Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

### How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

### How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

### Data Subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability - to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

### Data Protection Contact

- Email our Data Protection Officer at [ZILLPrivacy@Zurich.com](mailto:ZILLPrivacy@Zurich.com).
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website [zurich.ae](http://zurich.ae).

## 11. Local Zurich office contact details

**Email us at: [benefit.claims@zurich.com](mailto:benefit.claims@zurich.com)**

**Call us:**

### Bahrain

Telephone: +973 1756 3321

### Isle of Man

Telephone: +44 1624 662266

### Qatar

Telephone: +974 4428 6322

### United Arab Emirates

Telephone: +971 4 363 4567

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