ZURICH®

Hospitalisation 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 12 '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. Claim history

Have you made a previous benefit claim to Zurich International Life in the past ☐ Yes ☐ No

If 'Yes', please provide the following information:

Policy number(s):

Date of previous claim(s): D D M M Y Y Y Y

Benefit(s) previously claimed:

Details of the illness(es) for which you had previously claimed.

4. Details of your current hospitalisation

Date of admission D D M M Y Y Y Y Date of Discharge D D M M Y Y Y Y

When did you first suffer symptoms? Date D D M M Y Y Y Y

Please provide us details of your hospital/doctor(s) where you were admitted for your medical condition (please include name of the doctor(s), speciality, hospital/clinic, address, telephone number and email address)

Please provide the reason for your hospitalisation (details to include – symptoms, diagnosis details, investigations and treatment details).

Have you been hospitalised for this medical condition before? ☐ Yes ☐ No

If 'Yes', please provide us details

Is the country where your treatment took place different from your country of residence? ☐ Yes ☐ No

If 'Yes', please provide a reason why

Please provide the name and contact details for all the doctors who have treated you (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 provide 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.

5. Claimant details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other *(specify)*

First name

Last name

Date of birth D D M M Y Y Y Y

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 purpose

Country/Countries of tax residence	Tax reference number(s)

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

6. 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

6. Method of payment (continued)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other *(specify)*

First name

Last name

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

Date of birth D D M M Y Y Y Y

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)

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)

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

7. Bank account details

Please provide us bank account details of the country where you are currently resident

Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.)

If you do not indicate the currency of your bank account above, we will make proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.

Account number

Sort code (UK banks only) – –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

IBAN (**Note**: depending on your region, you may not need to use all the IBAN boxes)

Bank number (Hong Kong only)

Branch number (Hong Kong only)

Reference to be quoted (if applicable)

Correspondent bank details (if funds are to be paid through a separate bank)

Bank name

Bank address

Account holder's name

Account number

Sort code (UK banks only) – –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

IBAN (**Note**: depending on your region, you may not need to use all the IBAN boxes)

8. Proof of identity and residential address for claimant(s)

Please ensure a valid suitably certified photographic ID and Proof of Address document are attached along with the form of the claimant.
For more details with regards to type of ID and Proof of Address documents that can be used, please refer to the 'Customer's guide to AML'.

9. Complaints

If you are not satisfied with our handing of your claim, please refer to our complaints procedure on our website www.zurich.ae.

10. Declaration/Data protection

Declaration
I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief, and will form the basis of the contract for my claim application.

I understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. **Note:** a material fact is one which may influence the assessment or acceptance of your claim application. If you are in any doubt as to the relevance of any information, please give details.

Contact details
I understand that for security purposes, the Company will regard the contact details provided as my authorised contact details and that it is important that I let the Company know if any of these details change.

Special category data consent
By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent
I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

I confirm that this signature is mine or that of my appointed legal representative

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a `Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Signature of the life insured	Date	D D M M Y Y Y Y

11. 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.

11. Privacy notice (continued)

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.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the `contact us' page of our website zurich.ae.

12. Local Zurich office contact details

Email us at: benefit.claims@zurich.com

Call us:

Bahrain
Telephone: +973 1756 3321

Isle of Man
Telephone: +44 1624 662266

Qatar
Telephone: +974 4428 6322

Singapore
Telephone: +65 6876 6750

United Arab Emirates
Telephone: +971 4 363 4567

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