

Aon Pupils School Fees Claim Form

1. Please fill in **all sections of the form**. A fully completed form will help us to deal with your claim more efficiently.
2. If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.
3. Please return this completed form to A&Hclaims@uk.zurich.com

Should you have any queries, please do not hesitate to contact our claims team on +44 (0) 800 0260 184 – Option 3.

School/Education Establishment

Policy number

Name

Address

Postcode

School contact name

Telephone number

Email

Pupil/Beneficiary

Name

Address

Postcode

Please select

Date of birth

D	D	M	M	Y	Y	Y	Y
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Parent/ Legal Guardian

Name

Email

Postcode

Telephone

Fee Payer

Name of Fee Payer

Date of birth

D	D	M	M	Y	Y	Y	Y
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Is the Fee Payer a trustee of a fund from which school fees are paid for the pupil?

☐ Yes ☐ No

Do you hold any other policy of insurance which may cover the loss claimed?

☐ Yes ☐ No

If yes, please provide details

Settlement Details

Payee name

Bank name

Account number

Sort code

-

-

Bank address

School Fees

Date of first absence

Date

Date returned or expected return

Date

Length of continued absence in full days

Reason for absence

Please provide all relevant details in relation to the absence

Fees payable per term for this pupil

Number of available tuition days in the term

Where a pupil has been withdrawn, please advise the last date of attendance

Date

Please advise whether the place has now been filled and if not, what attempts have been made to secure an alternative fee-paying pupil

Did the reason for the pupil's absence exist at birth or had the pupil received a diagnosis, treatment or advice or been under investigation for said physical defect, infirmity or medical condition prior to the start date of this policy?

☐ Yes

☐ No

If Yes, please provide details

Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us?

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN.

Declaration

By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief

Signature

Date

D

D

M

M

Y

Y

Y

Y

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Medical Certificate

The Policy Holder must arrange at their own expense for the completion of this certificate by a qualified and registered medical practitioner.

To comply with the 'Access to Medical Reports Act 1988', the certificate should be returned to the injured person before being sent on to the company at the address provided.

Patient name

When did you first attend to the patient in respect of his/her accident?

D	D	M	M	Y	Y	Y	Y
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Are you still in attendance? ☐ Yes ☐ No Are you the patient's usual medical attendant? ☐ Yes ☐ No

If so, for how long has he/she been your patient?

State in detail the nature and extent of injuries (if limb injured state whether left or right)

Are the symptoms from which the patient suffers ☐ The accident only ☐ Any other cause*

*Please provide details

Is the patient now, or was he/she at the time of the accident, subject to or suffering from any illness not related to the injuries? ☐ Yes ☐ No

If so, state the nature of same and the extent to which recovery of patient from the accident may be affected hereby

Are you aware of any past accident or illness which directly or indirectly may have contributed to or may delay the patient's recovery? ☐ Yes ☐ No

If Yes, please provide details

Is the patient confined to bed or residence on your instructions? ☐ Yes ☐ No

If so, what is likely to be the probable period of total incapacity?

Declaration

By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Designation

Zurich Insurance plc

A public limited company incorporated in Ireland. Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

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