

Loss notification insurance for lost, stolen or damaged luggage and delayed luggage insurance

Depending on the type of card, services offered by Visa Card Services SA include **insurance for lost, stolen or damaged luggage** and **delayed luggage insurance**. This insurance is offered by Visa Card Services SA in cooperation with insurance partners.

Your claim must be submitted in writing, along with the originals of all related documentation. Please post the completed claim form together with the related documents to Visa Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.

To assess your claim, we require specific, complete information and the cardholder's legally valid signature.

Please note the following points:

- The basic requirements of an insured event as stipulated in the GIC (General Insurance Conditions, available at www.viseca.ch/documents or by phone on +41 (0)58 958 80 44) must be met.
- Entitlement to benefits is governed by the individual insurer's GIC.

As soon as your claim form and all documents have been received by Visa Card Services SA, we will assess your case and forward it to the responsible insurance partner.

If any further information or documentation is required to process your claim, our insurance partners will contact you within a few weeks.

Under certain circumstances, the ultimate resolution of your claim may take longer since various investigations are necessary. We thank you for your trust and understanding, and count on your support.

Cardholder information

Last name/first name: _____ Street/no.: _____
Phone no.: _____ Postal code/city: _____
Card no.: _____ E-mail: _____
Card type: World Mastercard® Gold/Flex Gold Date of birth: DD MM YY YY
 Visa Gold

Bank or postal account details

Account holder: _____ at bank/post office: _____
IBAN: CH

Details of trip booking

The trip was booked on (date): _____ Nature/purpose of trip: _____

The trip was booked with (please quote name): _____

The booking includes the following service(s):

Flight/rail journey/cruise Hotel stay
Itinerary (from/to): _____ Hotel name and place: _____

Travel date (from/to): _____ Duration of stay (from/to): _____

Rental car Other (e.g. package tour)
Renter and place: _____ Travel service and provider: _____

Duration of rent (from/to): _____ Travel date (from/to): _____

Additional information on your trip booking: _____

The following transactions (according to the credit card statement) correspond to the journey booked:

Date:	Name/location of merchant:	Amount in CHF:	Amount in local currency:	Services booked:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Europ Assistance insurance for lost, stolen or damaged luggage

During my trip, my luggage was

damaged

stolen

lost

Where and when did the loss occur?

City/country:

Date/time:

Where and when was the loss discovered?

City/country:

Date/time:

Where and when did you last see your luggage?

City/country:

Date/time:

Where did you report the loss?

Police

Airline/railway company/shipping line

Hotel/travel operator

Other: _____

City, date, time and contact person:

Please describe the event leading to the loss in precise detail (attach another sheet if necessary):

List of lost, damaged or destroyed items (attach separate list if necessary):

Description of item:	Type of loss/damage: D: Damage T: Theft/Loss	Purchase price (CHF):	Purchase date:	Purchased at (shop):	Purchase receipt? Yes/No
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

Total loss/damage: _____

Important: please also complete the following page!

Do all of the items listed belong to you? Yes No

If not, please specify the owner of the respective items:

Item no.:	Last name/first name owner:	Address:	Date of birth:
_____	_____	_____	DD MM YYYY
_____	_____	_____	DD MM YYYY
_____	_____	_____	DD MM YYYY
_____	_____	_____	DD MM YYYY

Do you or any of these individuals have a different property or luggage insurance (including household contents)?

Yes No

If so, with which insurer? Please specify the name of the policyholder.

Policy number:

Have you informed the insurer of your situation? Yes No

If so, were any costs refunded? Which costs?

Strictly required supporting documents:

- Booking confirmation/travel documents
- Original purchase receipt (or warranty certificate)
- Statement by the airline regarding the refund request
- Flights: airline's Damaged Property Report
- Theft: police report
- Damage: repair bill or cost estimate

Europ Assistance delayed luggage insurance

The arrival of my luggage was delayed by more than four hours.

Place, date and time of your arrival at the destination:

Place, date and time that your luggage arrived:

Details of your loss report to the airline/rail company:

City, date, time and contact person:

Please describe the event leading to the loss in precise detail (attach another sheet if necessary):

List of purchased clothing and bodycare products:

Item of clothing/product:	Purchase price (CHF):	Purchase date:	Purchased at (shop):
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Individuals affected by the luggage delay:

First name/last name:	Address:	Date of birth:	Degree of kinship/relationship to cardholder:
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Do you or any of these individuals have other delayed luggage insurance? Yes No

If so, with which insurer? Please specify the name of the policyholder. Policy number:

Have you informed the insurer of your situation? Yes No

If so, were any costs refunded? Which costs?

Strictly required supporting documents:

- Booking confirmation/travel documents Flights: airline's Property Irregularity Report
- Original purchase receipt (or warranty certificate)

Important: please also complete the last page!

Additional information, date and signature

Other relevant information pertaining to your claim:

The undersigned confirms that the information above is truthful, complete and is provided to the best of his/her knowledge and belief.

IMPORTANT: The undersigned authorises Visa Card Services SA to process the customer data required for contract and claim processing (particularly personal data as well as the type and duration of the card contract), including any and all documents submitted by the insured persons, and to disclose or share such data with the respective insurer (Europ Assistance (Switzerland) Insurance Ltd, referred to below as EUROP ASSISTANCE) and with Würth Financial Services AG (referred to below as WÜRTH). Data will be shared solely in relation to a reported insurance claim for the purpose of verifying the compensation claimed by the cardholder.

In cases where any insurance cover is in force, the undersigned authorises EUROP ASSISTANCE and WÜRTH to examine and process the information provided which is required to assess the insurer's liability and to resolve the insurance claim. For this purpose, the undersigned permits third parties such as travel agencies, transport companies, etc. to provide additional information concerning the trip. The undersigned is aware that his/her authorisation is not contingent upon any payment or service rendered by EUROP ASSISTANCE. EUROP ASSISTANCE and WÜRTH undertake to handle the information obtained in accordance with the Law on Data Protection.

If necessary, data will be sent to third parties involved in the claim, particularly co-insurers and re-insurers, in Switzerland and abroad for the purpose of data processing. EUROP ASSISTANCE and WÜRTH are also authorised to obtain information relating to the claim from authorities and third parties, and to examine official files.

The undersigned acknowledges that EUROP ASSISTANCE is released from liability if the insured person, after occurrence of the insured event, maliciously provides misleading information concerning matters relevant to the basis for or amount of insurance payments or services.

This form is valid only when bearing the cardholder's legally valid signature.

Place/date

Cardholder's signature