Loss notification medical travel assistance

Depending on the type of card, services offered by Viseca Card Services SA include **medical travel assistance**. This insurance is offered by Viseca 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 Viseca 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.
- Medical expenses are paid once the case has been assessed by the health insurance fund or accident insurance company (excluding any deductible/excess). All bills and statements must first be submitted to the relevant health insurance fund or accident insurance company.
- In order to claim medical travel assistance benefits, if an insured event occurs the insurer must be contacted immediately (via Viseca Card Services SA, phone +41 (0)58 958 82 85) to obtain its consent to any assistance measures and payment of the costs involved.

As soon as your claim form and all documents have been received by Viseca 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.

europ assistance
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VISECA
card services

Cardholder information

Last name/first name: _____

Phone no.: _____

Card account no.: 110 _____
(shown on monthly bill)

Card type: ☐ World Mastercard® Gold/Flex Gold
☐ Visa Gold

Street/no.: _____

Postal code/city: _____

E-Mail: _____

Date of birth: D D M M Y Y Y Y

Bank or postal account details

Account holder: _____

IBAN: _____

at bank/post office: _____

Patient information

Last name/first name:	Address:	Date of birth:	Degree of kinship/relationship to cardholder:
		D D M M Y Y Y Y	

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

Itinerary (from/to): _____

Travel date (from/to): _____

☐ Hotel stay

Hotel name and place: _____

Duration of stay (from/to): _____

☐ Rental car

Renter and place: _____

Duration of rent (from/to): _____

☐ Other (e.g. package tour)

Travel service and provider: _____

Travel date (from/to): _____

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:

Important: please also complete the following page!

Reset

Europ Assistance medical travel assistance

As a result of a medical emergency during the trip

☐ **return travel, return transportation or repatriation costs** were incurred.

☐ **search and rescue costs** were incurred.

☐ **medical expenses** were incurred.

☐ only part of the services booked were used (trip interruption insurance).

☐ additional accommodation costs were incurred (trip interruption insurance).

Type of medical emergency: ☐ Serious illness ☐ Accident ☐ Death

Please summarise the circumstances leading up to the accident or illness (attach another sheet if necessary):

Time/place of the insured event (date/time/place/country):

If accident: details of the type and extent of injury:

Medical diagnosis:

Attending physician:

Time/duration of treatment:

Was hospitalisation required? ☐ Yes ☐ No

If so, starting on what date (including duration):

If illness: with which health insurance fund does the patient have basic insurance? Policy number:

Does the patient have supplementary insurance? ☐ Yes ☐ No

If so, with which insurer? Policy number:

If accident: with which accident insurance company is the patient insured? Policy number:

Does the patient have supplementary insurance? ☐ Yes ☐ No

If so, with which insurer? Policy number:

If applicable: name, address and liability insurance of the accident originator: Policy number:

Important: please also complete the following page! Reset

What loss or damage did you incur as a result of the medical emergency? Please list the costs claimed:

Date:	Service:	Invoiced by:	Amount in CHF:

Total amount of claim: _____

Travelling companions affected by the trip interruption resulting from the medical emergency:

Last name/first name:	Address:	Date of birth:	Degree of kinship/relationship to cardholder:
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Do you or any of these individuals have other travel 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, have any expenses been paid? Which?

Required supporting documents:

☐ Booking confirmation

☐ Monthly statements showing transactions for the services booked

☐ Confirmation of cancellation/bill for cancellation

☐ Other documentation or official certificates supporting your claim (police report, etc.)

Required supporting documents (if applicable):

☐ Copy of invoices for medical expenses

☐ Original statement from the health insurance fund/accident insurance company

☐ Copy of the medical report with diagnosis

☐ Copy of the death certificate

Important: please also complete the last page! Reset

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 Viseca 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 credit 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 to 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 as required to assess the insurer's liability and to resolve the insurance claim. For this purpose, the undersigned releases doctors from their confidentiality obligation and permits third parties such as travel agencies, transport companies, provident institutions, etc. to provide additional relevant information. 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 thus received 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 benefits.

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

Place/date

Cardholder's signature

Reset

**Please send the completed and signed form with the required supporting documents to:
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.**