



## Notice of claim under travel accident insurance

The services provided by Viseca Card Services SA in conjunction with Mastercard® Business Cards and Mastercard® Corporate Cards include **travel accident insurance**. The insurance is offered through Viseca Card Services SA in cooperation with insurance partners.

The claim notice is to be submitted in writing and accompanied by all the original supporting documents. Please send the completed and signed form together with the supporting documents to Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.

To facilitate the proper assessment of your claim, the information provided should be as clear and complete as possible. The legally valid signatures of the cardholder or the party eligible for benefits and the authorised representative of the company are required.

The following points should be observed:

- The incident must qualify as an insured event under the General Insurance Conditions (available online at www.viseca.ch/insurance-companies or by calling +41 (0)58 958 84 01).
- The entitlement to benefits is subject to the General Insurance Conditions of the respective insurer under all circumstances.

Once your claim notice and all the accompanying documentation have been received by Viseca Card Services SA, we will review your claim and forward it to the insurance partner responsible.

Should further information or documentation be required from you in order to process the claim, our insurance partner will contact you as soon as possible.

Under certain circumstances, final settlement of the claim may take some time, as various clarifications have to be made. We thank you for the trust you have placed in us and we appreciate your cooperation.





Cardholder detail	s			
Last name/first name:		Company name:		
Card account no.:	110	Phone:		
	(as shown on your monthly bill)	E-mail:		
Card type:	☐ Business Card/Corporate Card Silver	Date of birth: DD MM Y	/ <sub>L</sub> Y <sub>L</sub> Y <sub>L</sub>	
	☐ Business Card/Corporate Card Gold			
Details of trip				
☐ Flight		☐ Railway/mountain railway	1	
Airline/flight number:		Railway company/train number:		
Travel route (from/to):		Travel route (from/to):		
Travel dates (from/to):		Travel dates (from/to):		
□ Ship		☐ Bus		
Shipping line:		Bus company:		
Travel route (from/to):		Travel route (from/to):		
Travel dates (from/to):		Travel dates (from/to):		
☐ Hired vehicle/boat		☐ Other mode of transport		
Hire company and location:		Mode of transport:		
Hire dates (from/to):		Carrier:		
		Travel dates (from/to):		
<del>-</del>				
	t card transactions (as per the credit card bill)		Annual in Continue common con	
Date:	Name/address of company:	Amount in CHF:	Amount in foreign currency:	





Description of accident			
Where and when did the accident occur?	City and country:		
	Date and time:		
Persons involved in the accident: Last name/first name:	Address:		
Describe the circumstances of the accident, fully and	in detail (add extra pages as necessary):		
Witnesses who can provide information about the act Last name/first name:	cident: Address:		
Describe the consequences of the accident for the tra	vellers, fully and in detail (add extra pages a	s necessary):	
Were transport and/or rescue costs incurred due to th	e accident?		
If so, please list below the costs that were incurred:  Date: Mode of transport/rescue:	Provider:	Total costs in CHF:	
Required documents:	☐ Booking confirmation/hir	re contract	
☐ Originals of documents supporting claim	☐ Doctor's certificates/med	☐ Doctor's certificates/medical reports	
☐ Monthly bills showing transactions for the booked services	☐ Other documents or official reports/certificates confirming the occurrence of the loss/damage (e.g. police report)		





## Additional information, company details, date and signature

Further information relevant to the insurance claim (add extra pages as necessary):				
Company details				
Company name:	Contact person:			
Address:	Phone:			
Postal code/city:	E-mail:			
Bank or postal account details				
Account holder:	At bank/post office:			
IBAN: []				

The undersigned hereby confirm that the information provided above is truthful, accurate and complete to the best of their knowledge.

The authorised company representatives signing hereby confirm that they have verified and approved the information provided by the claimant.

IMPORTANT: The undersigned authorise Viseca Card Services SA to process the customer data required for fulfilling the contract and processing the claim (in particular, personal data and type and duration of card agreement), including all the documentation submitted by the insured person or an authorised representative of the company, and to disclose this information or forward it to the insurer, GENERALI General Insurance Ltd (hereinafter referred to as GENERALI) and Würth Financial Services AG (hereinafter referred to as WÜRTH). This authorisation applies exclusively to insured events for which a claim has been submitted, for the purpose of assessing the entitlement to insurance benefits being claimed by the cardholder, the party eligible for benefits or an authorised representative of the company. In cases where insurance coverage may apply, the undersigned authorise GENERALI and WÜRTH to verify and process the information provided as necessary for assessing the obligation to provide indemnification about the trip in question. The undersigned give their consent to third parties such as travel agents and transport companies to provide further information about the trip in question. The undersigned acknowledge that this authorisation is independent of any performance fulfilment on the part of GENERALI. GENERALI and WÜRTH undertake to treat the information received in accordance with data protection law. If necessary, information may be passed on to involved third parties, in particular to co-insurers and reinsurers, in Switzerland and abroad for data processing purposes. GENERALI and WÜRTH are furthermore authorised to obtain information pertinent to the claim from official offices, authorities and third parties and to inspect official records.

The undersigned acknowledge that GENERALI shall be exempted from the duty to perform if, once the insured event has occurred, the insured person or the insured company attempts to fraudulently misrepresent any circumstances that are material to the grounds for or the amount of the insurance benefits.

Important: This form is only valid if it bears the legally valid signature of the cardholder or the party eligible for benefits and the authorised representative of the company on the following page.





Signature(s) for the company		
Last name/first name and function	Legally valid signature (joint signature if required)	
Place/date		
Last name/first name and function	Legally valid signature (joint signature if required)	
Place/date		
	Company stamp	
Signature of cardholder submitting claim or pa	arty eligible for benefits	
Last name/first name	Legally valid signature	
Place/date		