



Notice of claim under travel accident insurance

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

Last name/first name: _____

Company name: _____

Card account no.: **110**
(as shown on your monthly bill)

Phone: _____

E-mail: _____

Card type: Business Card/Corporate Card Silver
 Business Card/Corporate Card Gold

Date of birth: DD MM YYYY

Details of trip

Flight

Airline/flight number: _____

Railway/mountain railway

Railway company/train number: _____

Travel route (from/to): _____

Travel route (from/to): _____

Travel dates (from/to): _____

Travel dates (from/to): _____

Ship

Shipping line: _____

Bus

Bus company: _____

Travel route (from/to): _____

Travel route (from/to): _____

Travel dates (from/to): _____

Travel dates (from/to): _____

Hired vehicle/boat

Hire company and location: _____

Other mode of transport

Mode of transport: _____

Hire dates (from/to): _____

Carrier: _____

Travel dates (from/to): _____

The following credit card transactions (as per the credit card bill) comprise the booked service(s):

Date:	Name/address of company:	Amount in CHF:	Amount in foreign currency:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Important: Please also complete the following pages.

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 accident:

Last name/first name:

Address:

_____	_____
_____	_____

Describe the consequences of the accident for the travellers, fully and in detail (add extra pages as necessary):

Were transport and/or rescue costs incurred due to the accident?

If so, please list below the costs that were incurred:

Date:

Mode of transport/rescue:

Provider:

Total costs in CHF:

Date:	Mode of transport/rescue:	Provider:	Total costs in CHF:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required documents:

Originals of documents supporting claim

Monthly bills showing transactions for the booked services

Booking confirmation/hire contract

Doctor's certificates/medical reports

Other documents or official reports/certificates confirming the occurrence of the loss/damage (e.g. police report)

Important: Please also complete the following pages.



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 party eligible for benefits

Last name/first name

Legally valid signature

Place/date