

Notice of insurance claim under trip interruption/trip cancellation insurance and hire car insurance

The services provided by Visa Card Services SA may include **trip interruption and trip cancellation insurance** and **hire car insurance**, depending on the type of card. 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 and the authorised representatives 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** Phone: _____
(as shown on your monthly bill) E-mail: _____
Card type: Business Card/Corporate Card Silver Date of birth: DD MM YYYY
 Business Card/Corporate Card Gold

Details of trip booking

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

The trip was booked with (name): _____

The reservation was for the following service(s):

Air/railway/ship travel Hotel stay
Travel route (from/to): _____ Hotel name/address: _____

Travel dates (from/to): _____ Length of stay (from/to): _____

Hire car Other (e.g. package deal)
Hire company and location: _____ Travel service and provider: _____

Hire period (from/to): _____ Travel dates (from/to): _____

Further details about trip booking: _____

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

Date:	Name/address of contractual partner:	Amount in CHF:	Amount in foreign currency:	Booked service:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trip interruption/trip cancellation insurance from Europ Assistance

The booked travel services were

- only partially used (the trip was **interrupted**).
- cancelled** before commencing the trip.

Reason for interrupting/cancelling the trip:

- | | |
|---|---|
| <input type="checkbox"/> Illness/accident | <input type="checkbox"/> Death |
| <input type="checkbox"/> Job loss | <input type="checkbox"/> Travel warning |
| <input type="checkbox"/> Natural disaster | <input type="checkbox"/> Other: _____ |

Please summarise briefly the reason for interrupting/cancelling the trip:

Time of trip interruption/cancellation (date/time):

If the trip was not immediately interrupted/cancelled, please explain the reason why:

What damage/loss was incurred due to the interruption/cancellation of the trip? Please list all of the costs being claimed:

Date:	Service (not used/cancelled):	Booked with:	Amount in CHF:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total claim:			_____

Persons affected by the trip interruption/cancellation:

Last name/first name:	Relationship to cardholder:	Reason for participating in the trip:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your employer have other travel insurance?

Yes

No

If so, please indicate the policyholder and the insurer:

Policy number:

Were the policyholder and insurer informed about the incident?

Yes

No

If so, were any costs covered? Which ones?

In the case of interruption/cancellation due to **illness/accident**:

where and when did the illness/accident occur?

Place: _____ Date:

DD MM YYYY

In the case of accident, please describe how the accident happened and the type/extent of the injury:

Was a doctor consulted?

Yes

No

Date:

DD MM YYYY

Diagnosis:

Was hospitalisation required?

Yes

No

If so, as of when (incl. duration)?

Incapacity to work/travel (from/to):

If a doctor or medical facility was not consulted, please state the reasons:

Required documents

- Booking confirmation
- Monthly bills showing transactions for the booked services
- Cancellation confirmation/cancellation cost invoice
- Other documents or official reports/certificates confirming the occurrence of the loss/damage (e.g. police report)

Required documents (if applicable)

- Copy of the doctor's certificate including diagnosis
- Hire contract
- Copy of death certificate
- Copy of notification of job termination

Hire car insurance from Europ Assistance/Generali

A car was hired. Due to damage that occurred to the vehicle, the collision damage excess was billed/a claim was made under fully comprehensive insurance.

The amount of the excess is:

The amount of the damage is:

Required documents:

- Reservation confirmation
- Transaction slip or monthly bill showing transactions for the booked services
- Hire contract including details about the amount of the excess
- Damage report of the car hire company
- Final invoice of the car hire company
- Condition report at pick-up and return

Important: Please also complete the following pages.

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, Europ Assistance (Switzerland) Insurance Ltd (hereinafter referred to as EUROP ASSISTANCE) and/or 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 or an authorised representative of the company. In cases where insurance coverage may apply, the undersigned authorise EUROP ASSISTANCE, GENERALI and WÜRTH to verify and process the information provided as necessary for assessing the obligation to provide indemnification and for settling the claim. For this purpose, 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 EUROP ASSISTANCE or GENERALI. EUROP ASSISTANCE, GENERALI and WÜRTH undertake to treat the information they receive 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. EUROP ASSISTANCE, 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 EUROP ASSISTANCE and/or 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 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, incl. company stamp)

Place/date

Last name/first name and function

Legally valid signature
(joint signature if required, incl. company stamp)

Place/date

Company stamp

Signature of cardholder submitting claim

Last name/first name

Legally valid signature

Place/date