

Loss notification trip cancellation/trip interruption insurance and collision damage excess waiver on hired vehicles

Depending on the type of card, services offered by Viseca Card Services SA include **trip cancellation, trip interruption insurance** and **collision damage excess waiver on hired vehicles**. 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.

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.

☐ Corona

Should my reported claim be partially or fully rejected by the insurance company, I hereby agree that the card issuer may pursue my claim directly with the relevant merchant in order to obtain a refund of the disputed transaction(s). *(Please tick if applicable.)*

Cardholder information

Last name/first name: _____ Street/no.: _____
 Phone no.: _____ Postal code/city: _____
 Card account no.: **110** E-Mail: _____
 (shown on monthly bill)
 Card type: ☐ Classic/World Silver/Flex Silver Date of birth: DD MM YYYY
☐ Gold/World Gold/Flex Gold

Bank or postal account details

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

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 trip cancellation/trip interruption insurance

The travel services booked

- ☐ were **cancelled** before the trip began.
- ☐ were only partly used. The trip was **interrupted**.

Reasons for cancelling/interrupting the trip:

- ☐ Sickness/Accident
- ☐ Loss of job
- ☐ Natural disaster
- ☐ Death
- ☐ Travel warning
- ☐ Other: _____

Please provide a brief summary of your reason for cancelling or interrupting your trip:

Time of cancellation/interruption (date/time):

If the trip was not immediately cancelled, please state the reasons:

What loss or damage did you incur as a result of the cancellation/interruption? Please list the costs claimed:

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

Total loss/damage: _____

Individuals affected by the trip cancellation/interruption:

Last name/first name:	Address:	Date of birth:	Degree of kinship/relationship to cardholder:
_____	_____	DD MM YYYY	_____
_____	_____	DD MM YYYY	_____
_____	_____	DD MM YYYY	_____
_____	_____	DD MM YYYY	_____
_____	_____	DD MM YYYY	_____

Important: please also complete the following page!

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, were any costs refunded? Which costs?

In case of trip cancellation/interruption due to **sickness/accident**:

Where and when did the illness/accident occur?

Place: _____

Date:

If accident: Please describe the circumstances of the accident, including details of the type and extent of injury:

Did you consult a local doctor?

☐ Yes

☐ No

Date:

Diagnosis:

Was hospitalisation required?

☐ Yes

☐ No

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

Inability to work/travel (from/to):

If you did not consult a local doctor or hospital, please state why:

Strictly required supporting documents:

- ☐ Booking confirmation
- ☐ Monthly statements showing transactions for the services booked
- ☐ Confirmation of cancellation/bill for cancellation
- ☐ Other documents or official certificates supporting your claim (police report, etc.)

Strictly required supporting documents (if applicable):

- ☐ Copy of medical certificate with diagnosis
- ☐ Rental contract
- ☐ Copy of death certificate
- ☐ Copy of notice of termination of employment

AGA International S.A. collision damage excess waiver on hired vehicles

I rented a car. I was charged for the excess as a result of damage to the vehicle.

The total excess amounts to:

The total damage/loss amounts to:

Strictly required supporting documents:

- ☐ Reservation confirmation
- ☐ Transaction slip or monthly statement showing transactions for the services booked
- ☐ Rental agreement, including information on the amount of excess
- ☐ Damage report from the car rental company
- ☐ Final car rental bill
- ☐ Acceptance/return protocol

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 card contract), including any and all documents submitted by the insured persons, and to disclose or share such data with the respective insurers (Europ Assistance (Switzerland) Insurance Ltd, referred to below as EUROP ASSISTANCE or AGA International S.A., referred to below as AGA) 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, AGA 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 releases doctors from their confidentiality obligation and 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 or AGA. EUROP ASSISTANCE, AGA 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, AGA 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 and AGA are 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