

Loss notification price protection insurance, purchase protection insurance and extended warranty

Depending on the type of card, services offered by Viseca Card Services SA include **price protection insurance**, **purchase protection insurance** and **extended warranty**. 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.

Price protection insurance

- To be eligible as a comparable offer, the items must be identical (e.g. the same product identification, item number, colour, manufacturer, size, length, etc.). Any services included in the offer (such as duration of warranty, delivery and assembly conditions) must also be identical.
- Proof confirming a difference in price of at least CHF 30 must be dated and clearly show that the comparable offer was valid and available within 14 days of the date of purchase. If printing from a website, please ensure that the printout bears a date.
- The provider of the comparable offer must be headquartered in Switzerland. Please note that websites with the domain ".ch" do not necessarily belong to a company with a head office in Switzerland. Information on the location of the provider's head office can be found in the legal information section of its website.

Extended warranty

- The insurance benefits apply to insured devices with an expired manufacturer's warranty or dealer's warranty which are unable to function due to a defect in materials or workmanship.
- The device must not be more than four years old and must have been purchased from a dealer with a head office in Switzerland, a neighbouring country of Switzerland or Luxembourg.
- To be eligible for insurance cover, the minimum value of the merchandise must be CHF 100 and 80% of the purchase must have been paid for with the valid credit card.
- In the event of loss or damage, the insurer must be contacted immediately (via Viseca Card Services SA, phone +41 (0)58 958 80 44) to clarify the next steps regarding the repair or replacement of the device.

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.

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:

☐ Gold/World Gold/Flex Gold

☐ Platinum

☐ Prepaid/Flex Bronze

Bank or postal account details

Account holder: _____ at bank/post office: _____

IBAN:

Purchase information

Date of purchase: _____ Item purchased: _____

Brand/manufacturer: _____ Model no./colour/size (if available): _____

Price in CHF: _____ Equipment/services included (accessories included): _____

Purchased at (name/address of retail outlet): _____

The purchased item was paid for by credit card.

The transaction below corresponds to the purchase (according to the credit card statement):

Transaction date: _____ Name/location of merchant: _____ Transaction amount in CHF: _____

AGA International S.A. price protection insurance

The same item was offered at a lower price by the following shop:

Name/address of retailer: _____

Price in CHF: _____

Price difference in CHF: _____

Date of offer: _____

Strictly required supporting documents:

- ☐ Copy of purchase receipt or order confirmation
- ☐ **Dated** proof of lower price offer (brochure, website printout, newspaper advertisement, etc.)
- ☐ Copy of your monthly statement/printout of MyAccount/VisecaOne with the relevant transaction

AGA International S.A. purchase protection insurance

The purchased item:

- ☐ was stolen
- ☐ has been destroyed/damaged

Please describe how the loss occurred in precise detail (attach another sheet if necessary):

In the event of robbery or theft: at which police station did you report the loss?

Police station: _____ Address: _____

Official contact person: _____ Date of report: _____

Strictly required supporting documents:

- ☐ Copy of purchase receipt or order confirmation
- ☐ If robbery or theft: Police report
- ☐ Copy of your monthly statement/printout of MyAccount/VisecaOne with the relevant transaction
- ☐ Other documents relating to your claim

AGA International S.A. extended warranty

The defective device has been:

☐ repaired ☐ replaced

Please give precise details of the defect (attach another sheet if necessary):

I wish to claim for the following costs resulting from the defect:

Date:	Service (repair/replacement/cost estimate):	Invoiced by:	Amount in CHF:
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
Total amount of claim:			<hr/>

If repaired: which manufacturer-certified dealer carried out the repair?

Dealer:

 Street/no.:

Phone no.:

 Postal code/city:

Date of order:

 Contact person:

Strictly required supporting documents:

- ☐ Copy of the warranty or purchase receipt with date
- ☐ Proof that the defect was originally covered by the warranty
- ☐ If available: copy of your monthly statement showing the relevant transaction
- ☐ If repaired: invoice for the repair
- ☐ If replaced: copy of the purchase receipt
- ☐ Other documentation relevant to your claim

Additional information, date and signature

Other relevant information pertaining to your claim:

The undersigned hereby declares that, to the best of his/her knowledge, the above information is true and complete.

The undersigned authorises AGA International S.A. and Würth Financial Services AG to examine and process such provided information as is necessary to assess the insurer's liability and resolve the claim. For this purpose, the undersigned authorises AGA to obtain further relevant information from third parties, such as dealers, manufacturers or external experts.

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.

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

Place/date

Cardholder's signature