

3. Information about the accident

When and where did the accident occur?

Place and country:

Date and time:

Persons affected by the accident:

Last name, first name

Address

Date of birth

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Witnesses who can provide further information about the accident:

Last name, first name

Address

Date of birth

_____	_____	_____
_____	_____	_____

Please describe the consequences of the accident for those on the journey in precise detail (attach another sheet if necessary):

Were transport and/or rescue costs incurred as a result of the accident?

If so, please list these costs below:

Date

Type of transport/rescue

Service provider

Total cost in CHF

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Strictly required supporting documents

- | | |
|---|--|
| <input type="checkbox"/> Original claim documentation | <input type="checkbox"/> Documents regarding the reservation/rental of the vehicle or booking confirmation |
| <input type="checkbox"/> Copy of your credit card statement with the relevant transaction | <input type="checkbox"/> Other supporting documents (accident report, police report, etc.) |
| <input type="checkbox"/> Doctor's certificates/reports | |
-

Comments:

The undersigned hereby declares that, to the best of his/her knowledge, the above information is true and complete. The undersigned hereby authorises Zurich Insurance Company Ltd to obtain such information from third parties (such as official offices, information officers, doctors, hospitals, insurers) in Switzerland and abroad as necessary for consultation or resolution of the insurance claim. The authorising party releases such third parties from any professional or statutory obligation of confidentiality and authorises them to release all information concerning the authorising party.

IMPORTANT: In cases where any insurance cover is in force, the undersigned authorises Zurich Insurance Company Ltd (referred to below as ZURICH) and Würth Financial Services AG (referred to below as WÜRTH) to examine and process the information provided as required to assess the insurer's liability and to resolve the insurance claim. ZURICH and/or WÜRTH are authorised to obtain the data directly required to process the contract and claim from involved third parties and to process such data. The parties involved in processing of the contract and claim are likewise authorised to obtain relevant information from such third parties and to inspect official files. The parties involved undertake to treat the information thus obtained in a confidential manner. The data will be stored physically and/or electronically. The undersigned acknowledges that ZURICH is released of liability if the insured person, after occurrence of the insured event, maliciously furnishes 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 or beneficiary's legally valid signature.

Place/date

Cardholder's signature

Please send this form to:
Würth Financial Services AG, Credit Card Dept., In der Luberzen 42, CH-8902 Urdorf
If you have any questions or anything is unclear, please call +41 (0)44 723 44 84, fax +41 (0)44 723 44 55