

**Claim form Secure Cyber
Online account protection / Online buyer protection**

Policy No. _____ Claim number _____
(to be completed by Allianz Assistance)

1. Information to the insured person

Surname _____ First name _____
Street / No. _____ Postcode / Town _____
Tel. private _____ Tel. business _____
Date of birth _____ E-mail _____

2. Details for payment of benefits

Bank account (IBAN) _____
Name of bank _____
Street / No. _____
Postcode / Town _____
Name of account holder _____
Address of account holder _____
Postal account number _____

A. Online account protection

What is affected by the misuse?

private bank account

private bank card

private mobile device

Please describe the circumstances of the loss in as much detail as possible:

On which date did the incident occur?

How high is the financial loss?

Did you report it to the police?

Yes

No

If so, on which date?

Police station

Have you reported the damage to the financial institution,
card contracting partner or network provider?

Yes

No

If so, have you received compensation for the financial loss?

Yes, amounting to _____

No

B. Online buyer protection

What happened to the item bought online?

- Damaged during transportation
- Destroyed during transportation
- Lost during transportation
- Not delivered/only partially delivered
- Other

Please describe the circumstances of the loss in as much detail as possible:

On which date did you purchase the item? _____

What amount did you pay for the item? _____

On which date did the incident occur? _____

Declaration

I confirm that the above information is true and complete. I note that I may lose the right to indemnity if my information is untrue incomplete or contradictory, even if this does not cause the insurer any disadvantage. I declare my consent to Allianz Assistance (Switzerland) obtaining information and inspecting files from travel companies and agents, transport companies, authorities (police, courts etc.), other insurance providers etc., and release them from their legal or contractual professional secret. Insofar as I am not already aware, I hereby acknowledge and agree that information provided for the purposes of claims settlement may, if necessary, be made wholly or partially available to service providers in Switzerland or elsewhere in Europe that are subject to comparable standards of data protection.

Place / Date

Signature of the insured person (in the case of minors their legal representative)

In order to process your claim we need the following documents:

In case of Online account protection:

- Confirmation by the police that criminal charges have been filed in relation to the claim
- Written explanation by the affected account-holding financial institution, card contracting partner, network provider or provider of other payment systems to compensate the financial loss
- Documents/receipts/data relating to the insured event

In case of Online buyer protection:

- Purchase receipt with details of the purchase price and date incl. time and confirmation of the order or mandate
- Proof that the item was sent (e.g. online confirmation of dispatch, confirmation of postal dispatch or similar)
- Documents/receipts/data relating to the insured event