Reset

Allianz Assistance VISECA card services

Claims statement for Collision damage excess waiver on hired vehicles / Comprehensive insurance hired cars

Please complete this claims form completely and truthfully.

Cardholder details

Claim number: _____
(if available)

Surname: _____ First name: _____

Street / no.: _____ Telephone: _____

Postcode / town: _____ E-mail: _____

Card account no.: 110 _____
(visible on the monthly statement)

Date of birth: D D | M M | Y Y Y Y

Card type: ☐ Gold ☐ Platinum

Credit card number: X X X X | X X X X | X X X X | _ _ _ _

Details for payment of benefits

IBAN: _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _

Name and address of the account holder (if different from above):

_____

Travel booking details ***(if the rental car was booked in connection with a trip)***

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

The trip was booked with (please specify name):

_____

The reservation concerns the following service(s):

☐ Flight / train journey / boat journey Travel route (from / to): _____

☐ Rental car Rental period (from / to) _____

Rental company and location: _____

Further travel booking details:

_____

The following credit card transactions (according to credit card statement) correspond to the booked service:

Date:	Name / location of contracting party:	Amount in CHF:	Amount in foreign currency:	Service booked:

Reset

Allianz Assistance VISECA card services

I have been charged the excess associated with damage to the vehicle.

The contractually agreed excess amounts to: _____

The claim amount is: _____

Due to property damage to the vehicle or theft of the vehicle, I was charged the following amount: _____

☐ I have incurred repatriation costs due to failure of the registered driver.

☐ Due to a lock-out from the hired vehicle, I have incurred opening costs.

Mandatory enclosures:

☐ Reservation confirmation

☐ Transaction slip or monthly statement with transactions for the booked services

☐ Rental agreement including details of the amount of excess

☐ Car rental claims report

☐ Car rental final invoice

☐ Acceptance / return record

Additional information, date and signature

Further relevant information about your claim statement:

_____

_____

_____

_____

The undersigned hereby confirms that the above information has been provided to the best of his / her knowledge, is truthful and complete.

The undersigned authorises Allianz Assistance and Würth Financial Services AG to check and process the information provided that is necessary to assess the obligation to pay benefits and to process the claim. To this end, the undersigned authorises Allianz Assistance to obtain further relevant information from third parties such as dealers, manufacturers or external experts. If necessary, data will be transmitted to involved third parties in Switzerland and abroad, in particular to co-insurers and reinsurers, for data processing.

☐ **I hereby confirm that my details are correct and complete.**
I confirm that the above information is true and complete. I am aware that I can lose my entitlement to insured benefits if the information provided by me is untrue, incomplete or inconsistent, even if the insurer does not incur any disadvantage as a result. I agree to Allianz Assistance obtaining information and access to files from authorities (police, courts, etc.), other insurers and relevant third parties, and release the aforementioned parties from their legal or contractual duty of confidentiality. I hereby acknowledge and give my consent to information being transmitted either in full or in part to external service providers for the purpose of verifying entitlement to benefits.

_____ _____

Place / Date Signature of cardholder

Please send the completed and signed form together with the required enclosures to:
claims.ch@allianz.com or AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland), Richtiplatz 1, CH-8304 Wallisellen