

Claims statement for purchase protection and transport insurance

Please complete this claims form completely and truthfully.

Cardholder details

Surname: _____ First name: _____

Street / no.: _____ Telephone: _____

Postcode / town: E-mail:

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

Date of birth:

Card type: ☐ Manor ☐ Migros Visa Free / Cumulus ☐ Silver ☐ 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):

Details of purchase

Date of purchase: _____ Item purchased: _____

Brand / manufacturer: _____ Model no. / colour / size: _____

Price in CHF: _____ Scope of features / services (supplied accessories): _____

Purchased from (name / address of sales outlet):

The item was paid for by credit card.

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

Transaction date: Name / location of contracting party: Transaction amount in CHF:

The purchased item has been:

- ☐ Stolen
- ☐ destroyed / damaged
- ☐ Non-delivery or incorrect delivery of online purchases
- ☐ Non-acceptance of return of goods purchased online

Please describe the exact circumstances of the loss or damage in detail (enclose an additional sheet if necessary):

In the case of robbery or theft: which police station did you report the loss or damage to?

Police station: _____ Address: _____

Responsible officer: _____ Date of report: _____

Mandatory enclosures:

- ☐ Copy of purchase receipt or order confirmation
- ☐ In the case of damage: photos of the damage / in the case of robbery and theft: police report
- ☐ Copy of your monthly statement / printout from MyAccount / VisecaOne with the relevant transaction
- ☐ Repair bill or total damage confirmation
- ☐ Seller's response to refund request

By submitting this claim report, I hereby confirm that the above information has been provided to the best of my knowledge, is truthful and complete.

I authorise Allianz 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, I authorise Allianz 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.

Our privacy notice explains how we protect your data. To read our privacy notice, please click [here](#)

- ☐ **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 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