

## Claims statement for ticket insurance

**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):

### Booking details

The event was booked on (date): \_\_\_\_\_ Event date: \_\_\_\_\_

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:

**The booked services have been**

☐ **cancelled** prior the start of the event.

☐ The event was postponed.

Reasons for the cancellation:

☐ Illness / accident      ☐ Death      Other: \_\_\_\_\_

Please provide a brief summary of the reason for the cancellation or the reason for your inability to attend on the postponement date:

What damage did you incur as a result of the cancellation?  
Please list the costs claimed:

Date:	Service (cancelled / unused):	Booked through:	Amount in CHF:
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**Total claim:** 

---

Persons affected by the cancellation:

Surname / first name:	Adress:	Date of birth:	Relationship to the cardholder:
<hr/>	<hr/>	<div>[D,D M,M Y,Y,Y,Y]</div> <hr/>	<hr/>
<hr/>	<hr/>	<div>[D,D M,M Y,Y,Y,Y]</div> <hr/>	<hr/>
<hr/>	<hr/>	<div>[D,D M,M Y,Y,Y,Y]</div> <hr/>	<hr/>
<hr/>	<hr/>	<div>[D,D M,M Y,Y,Y,Y]</div> <hr/>	<hr/>

Do you or one of these people have another ticket insurance policy?

☐ Yes ☐ No

If so, who? 

---

With which company (name / general agency)? 

---

Policy number: 

---

Did you inform them about your case?

☐ Yes ☐ No

If so, did they assume the costs? Which ones?

---

In the case of cancellation due to **illness / accident**:

Where and when did the illness / accident occur?

Place: 

---

Date: 

[D,D|M,M|Y,Y,Y,Y]

---

In the case of accident: please describe the circumstances of the accident, including details of the type / extent of the injury:

---

---

---

Who was affected by the illness / accident (ticket holder or close relative)?

---

Have you consulted a doctor?

☐ Yes ☐ No Date:

Diagnosis:

**Mandatory enclosures:**

- ☐ Booking confirmation confirmation of postponement
- ☐ Monthly statements with transactions for the booked services
- ☐ Other documents and / or official attestations documenting the occurrence of the loss event (detailed medical report etc.)

**Mandatory enclosures (if applicable):**

- ☐ In the event of postponement:

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

**IMPORTANT:** The undersigned authorises Viseca Card Services SA to process the customer data required for the processing of the contract and claims (in particular personal details and the type and duration of the card contract), including all documents submitted by the insured persons, and to disclose or forward them to the respective insurer (Allianz) and Würth Financial Services AG (hereinafter referred to as WÜRTH). This occurs exclusively as part of a reported insured event for the purpose of verifying the insurance claims submitted by the cardholder. In cases in which insurance cover exists, the undersigned authorises Allianz and WÜRTH 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 releases doctors from their duty of confidentiality and allows third parties, such as travel agencies, transport companies, etc., to provide further information about the trip. The undersigned is aware that their authorisation is independent of any provision of services by Allianz. Allianz and WÜRTH undertake to handle the information received in accordance with the Swiss Data Protection Act. If necessary, data will be transmitted to involved third parties in Switzerland and abroad, in particular to co-insurers and reinsurers, for data processing. Allianz and WÜRTH are also authorised to procure all pertinent information from official agencies and third parties and to inspect official files.

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

**The undersigned acknowledges that Allianz is released from its obligation to pay benefits if the insured person fraudulently attempts to deceive as regards circumstances that are relevant to the reason for or amount of the benefits after the insured event has occurred.**

☐ **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