Claim Form

Extended Warranty

1. Personal details of cardholder

Card number : ___ ___ ___ ___ XXXX XXXX ___ ___ ___ ___

Surname _____ First name _____

Street/n° _____ Post code _____ City _____

Mobile phone n° _____ E-mail _____

Date of birth _____

2. Bank details for the reimbursement

Account holder (full name, address) _____

Bank account / Post account (IBAN) _____

3. Information about other insurance coverage

Are you insured with another company for this type of cover? Yes ❑ No ❑

If yes, which insurance? _____ Policy n° _____

4. Information about the purchase

a) Have you paid 100% of the item with your prepaid Mastercard Life ShopProtect card? Yes ❑ No ❑

b) Date of purchase _____

c) Item purchased _____

d) Brand/manufacturer _____

e) Model/colour/size _____

f) Name/address of the point of sale _____

g) Price in CHF _____

h) The item was ❑ repaired ❑ replaced

i) Please describe the exact circumstances of the loss or damage in detail:

_____

_____

_____

_____

j) In case of repair: the item was repaired by

Name/address of the point of sale _____

Repair date _____

5. Mandatory documents and supporting evidence

- ❑ **Proof of payment of the item using your prepaid Mastercard Life ShopProtect card**
- ❑ Copy of the purchase receipt or order confirmation
- ❑ Copy of the manufacturer's warranty for the item
- ❑ In case of repair: repair invoice
- ❑ In case of total loss: confirmation of total loss

Declaration

I confirm that the information provided above is accurate and complete. I acknowledge that I may lose my entitlement to insurance benefits if the information provided is inaccurate, incomplete, or contradictory, even if no prejudice is caused to the insurer. I authorize Redion (Switzerland) Insurance SA to obtain information from travel organizers, intermediaries, transport companies, Swiss Bankers Prepaid Services Ltd., companies mandated by Swiss Bankers Prepaid Services Ltd., authorities (police, courts, etc.), other insurers, and any other relevant parties. I hereby release these organizations from their duty of confidentiality towards Redion (Switzerland) Insurance SA.

I confirm that I have received, understood, and accepted the General Terms and Conditions of Insurance (GTC).

Authorisation to collect information and waiver of professional secrecy

I authorise Redion (Switzerland) Insurance SA to collect, verify and process the data relating to me that are necessary for the assessment of my entitlement to benefits and for the handling of the claim I have declared.

For this purpose, I authorise doctors, hospitals, other healthcare professionals as well as the third parties concerned (in particular travel agencies, transport companies, authorities and other bodies involved in the handling of the claim) to transmit to Redion (Switzerland) Insurance SA the information necessary for the examination of my file. I release the doctors and other healthcare professionals concerned from their obligation of professional secrecy to this extent.

Where necessary for the handling of the claim, the data may be communicated to third parties involved in its management, in Switzerland or abroad, in particular to co-insurers and reinsurers.

Detailed information relating to data processing is available at the following address:

www.redion.com/ch-fr/notice-de-traitement-des-donnees-personnelles/

Release from banking secrecy

The insured persons agree that the policyholder or Redion (Switzerland) Insurance SA may involve third parties to carry out their tasks. The insured cardholder agrees that Redion (Switzerland) Insurance SA may verify with the policyholder whether the cardholder had a valid card insurance contract with the policyholder at the time of the claim. The cardholder authorizes the policyholder to provide this information to Redion (Switzerland) Insurance SA. In this regard, the insured persons release these entities from any banking and business secrecy obligations.

Place and date

_____

Signature of the cardholder