

# 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/manufactureur \_\_\_\_\_

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:

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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 the accuracy and completeness of the information provided above. I acknowledge that I may lose my right to the insurance benefit if my information is inaccurate, incomplete, or contradictory, even if this does not cause any harm to the insurer. I accept that Europ Assistance (Suisse) Assurances SA may inquire with travel organizers, intermediaries, transportation companies, Swiss Bankers Prepaid Services Ltd and companies mandated by Swiss Bankers Prepaid Services Ltd, authorities (police, courts, etc.), other insurers, and any other relevant parties. I release these entities from any confidentiality obligations towards them. I confirm that I have received, understood, and accepted the general terms and conditions of insurance (GTC).

### Release from confidentiality

I authorize Europ Assistance (Suisse) Assurances SA to verify and process the data concerning me that is necessary to assess the obligation to provide benefits and to process the claim I have declared. This includes medical investigations with doctors, hospitals, etc., in which I expressly release the doctors and medical personnel from their confidentiality obligations. If necessary, the data will be transmitted to relevant third parties in Switzerland and abroad, including co-insurers, reinsurers, and other parties involved in the processing of the claim.

Detailed information on the processing of personal data is available at the following address:

[www.europ-assistance.ch/ch-fr/declaration-de-confidentialite](http://www.europ-assistance.ch/ch-fr/declaration-de-confidentialite)

### Release from banking secrecy

The insured persons agree that the policyholder or Europ Assistance (Suisse) Assurances SA may involve third parties to carry out their tasks. The insured cardholder agrees that Europ Assistance (Suisse) Assurances 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 Europ Assistance (Suisse) Assurances SA. In this regard, the insured persons release these entities from any banking and business secrecy obligations.

**Place and date**

**Signature of the cardholder**