

Claim Form

Best Price Guarantee



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? 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 _____

5. Information regarding the best-priced offer

- a) Name/address of the point of sale _____
- b) Date of the offer _____
- c) Price in CHF _____
- d) Price difference in CHF _____

6. Mandatory documents and supporting evidence

- Proof of payment of the item using your prepaid Mastercard Life ShopProtect**
- Copy of the purchase receipt or order confirmation
- Proof of the best-priced offer **indicating the date**

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

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