

Dear Sir/Madam,

To file a claim, please send this completed and signed statement, accompanied by all supporting documents by mail to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, no later than 45 calendar days after the date of the loss.

Depending on the claim, please complete the following pages:

- Delivery of goods purchased on the internet pages 2 to 4 and 5
- Purchase protection pages 2 to 4 and 6
- Trip cancellation and interruption pages 2 to 4 and 7
- Flight delay pages 2 to 4 and 8
- Extended stay pages 2 to 4 and 9
- Baggage loss or delay pages 2 to 4 and 10
- Missed departure insurance pages 2 to 4 and 11
- Baggage loss or theft pages 2 to 4 and 12
- Travel accident pages 2 to 4 and 13
- Rental vehicle deductible coverage pages 2 to 4 and 14
- Golf equipment loss / theft / damage pages 2 to 4 and 15
- Ski equipment loss / theft / damage pages 2 to 4 and 16
- Smartphone theft pages 2 to 4 and 17

Please note that a properly completed statement makes it easier to manage your claim.

If you have any questions about your claim, please do not hesitate to contact Willis Towers Watson Luxembourg by email at WTW-LU.BIL@willistowerswatson.com or by telephone at +352 46 96 01 321.

Foyer Assurances SA reserves the right to request any other document or information necessary to verify the claim and determine the amount of compensation.

GENERAL INFORMATION

(to be completed by the Visa Cardholder)

Claims manager: Willis Towers Watson Luxembourg
 145, rue du Kiem
 L-8030 Strassen
 E-Mail : WTW-LU.BIL@willistowerswatson.com
 Tél. +352 46 96 01 321

Insurer: Foyer Assurances S.A.
 12, rue Léon Laval
 L-3372 Leudelange

Visa card issuer: Banque Internationale à Luxembourg S.A.
 69, route d'Esch
 L-1470 Luxembourg

Visa Cardholder (name and address):

Type and number of Visa card(s) held by the Cardholder at the time of the loss (please fill in the numbers and tick the corresponding box):

					I paid with		
Visa Classic	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Gold	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Gold International	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Platinum	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Infinite	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Business Gold	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Business	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Select	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>

REIMBURSEMENT

(See Policy Terms and Conditions)

IBAN (International Bank Account Number)	
Bank Identifier Code (BIC Code)	

GENERAL INFORMATION

(to be completed by Visa Cardholder)

Insured

- First Name and Surname: _____

- Relationship to the Visa Cardholder: _____

- Address: _____

- Country of residence: _____
- Date of birth: / /
- Pers. / Work Tel. no.: _____
- Email: _____

TRAVEL

(to be completed only in the event of a travel-related claim)

- Last Name(s) and First Name(s) of traveller(s): _____

- Address: _____

- Relationship to the Visa Cardholder: _____

- Country of residence: _____
- Departing on: / / from _____ to _____
- Returning on: / / from _____ to _____
- Type of trip personal business

For business travel, please specify the company for which the trip was taken:

STATEMENT OF CLAIM - Policy Number 293515

CLAIM

(to be completed by the Visa Cardholder)

Date of loss / injury: / /

Date of payment with the card: / /

- Location and circumstances of the loss / injury:

- Description:

- Other compensation and actions already undertaken:

- Is there a right of action / recovery from a third party?

- Have you taken any action in this regard yourself?

Data Protection

The insured acknowledges that Willis Towers Watson Luxembourg collects the personal data provided via this claim form or subsequently through other means that are necessary to process and settle the claim in question. The insured may have to submit medical data to substantiate his/her claim.

Willis Towers Watson Luxembourg will process the insured's personal data in accordance with the Willis Towers Watson Luxembourg's privacy notice: <https://www.wtwco.com/fr-LU/Notices/politique-de-confidentialite-insurance-brokerage> which includes information on how to exercise individual rights.

The personal data collected through this claim form may be shared with third parties outside Willis Towers Watson where such third parties are involved in the processing and/or handling of the claim as described below and in our privacy notice.

The following data : insured's first name and last name; address; nationality; date of birth will be processed for the purpose of verifying the insured's identity, carry out due diligence in accordance with Sanctions and Anti Money Laundering Legislation by WTW Global Delivery and Solutions India Private Limited ("WTW Mumbai"), a company of the WTW group located in Mumbai (India). WTW Mumbai exchanges information for the due diligence purpose mentioned above with Regulatory DataCorp Limited, a global data provider company based in the United Kingdom and Wales with its head office at 6 Lloyd's avenue, London, EC3N 3AX. Willis Towers Watson Luxembourg shall remain responsible for the confidentiality of this data.

The insured expressly allows Willis Towers Watson Luxembourg to store his/her data including personal data, such as: name/surname, address, date of birth, nationality, profession, information related to the insurance contract in the broking management tool provided by our IT service provider located in Belgium. This data will not be processed by this IT service provider except where necessary to provide the maintenance services of the broking management tool.

If you have any questions, please contact RGPD@willistowerswatson.com.

Declaration by the Insured

The insured hereby declares he or she has answered the questions correctly and that all the information provided is accurate. The insured also confirms that no other information related to the incident or the circumstances which caused it have been omitted.

The insured agrees to the sending of the data listed above by Willis Towers Watson Luxembourg to WTW Mumbai and from WTW Mumbai to Regulatory DataCorp Limited in order for WTW Luxembourg to comply with the requirements of the AMLCTF law, and the hosting of its personal data by our IT service provider located in Belgium.

By signing this form, the insured expressly consents to the processing of his medical data as described in this form and in Willis Towers Watson Luxembourg's privacy notice.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses, and all of the required supporting documentation.

Please send the completed form and all required documents as soon as possible by post to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - DELIVERY OF GOODS PURCHASED ON THE INTERNET

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
--------------	-----------	-------------------------	---------------	---------------

Purchase value of goods , . €

Non-Delivery

Nonconforming Delivery

Date of purchase / /

Documents to be attached to this form:

Supporting documents to be provided by the Insured in case of nonconforming delivery:

- The printed order document (email), any confirmation of acceptance of the order by the Seller or a printout of a screen shot of the order page,
- A copy of the Insured's Visa statement or the direct debit notice indicating the amount(s) debited for the order,
- In case of delivery by a carrier, the delivery receipt given to the Insured,
- In case of shipment by post received by the Insured, the delivery tracking document in the possession of the Insured,
- In case the Covered Property was returned to the Seller, proof of the amount of shipping costs with acknowledgement of receipt.

Supporting documents to be provided by the Insured in the event of non-delivery:

- The purchase receipt for the Insured Property,
- A copy of the Insured's Visa statement or the direct debit notice indicating the amount(s) debited for the order,
- Written correspondence with the seller.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - PURCHASE PROTECTION

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
--------------	-----------	-------------------------	---------------	---------------	-------------

Detailed circumstances of the accident:

--	--	--	--

In case of Theft:

Date theft reported to the local authority / /

Address of the local authority

Case number of the report

Purchase value of stolen or damaged goods , . €

Date of purchase or delivery of the goods / /

Documents to be attached to this form:

- The Visa statement indicating the payment for the Insured Property by Card,
- Any supporting evidence to identify the Insured Property as well as the purchase price and the date of purchase, such as a bill or a cash register receipt.

In case of Theft, the Insured must also send the Insurer the following documents:

- The original police report,
- Any evidence of the Loss, such as:
 - In case of Robbery: any evidence, such as a medical certificate, testimony or written attestation, dated and signed by the witness (mentioning their last name, first name, date and place of birth, address and occupation),
 - In case of Burglary: any document evidencing the burglary, such as the quote or the repair bill for the locking mechanism or a copy of the statement made by the Insured to its home or automobile property and casualty insurer.

In case of Accidental Damage, the Insured must also provide:

- The original quote or repair bill, or
- The seller's statement specifying the nature of the damage and certifying that the Insured Property is irreparable.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - TRIP CANCELLATION AND INTERRUPTION

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business Gold	Visa Select
-----------	-------------------------	---------------	---------------	--------------------	-------------

Date of trip booking / /

Date of trip cancellation / /

Total amount of cancellation costs , . €

(See 'Calculation of Cancellation / Interruption Costs' on the next page)

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- The booking invoice for the Covered Travel,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- The airline's written response regarding the reimbursement of airline taxes due even if flights are non-refundable (No-Show certificate for low-cost flights),
- The accommodation cancellation bill,
- The attached medical report completed and signed / death certificate with proof of kinship / statement of accident at home / police report (if theft of document),
- An extended residence certificate from the municipality if the claim concerns more than one passenger.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

STATEMENT OF CLAIM - Policy Number 293515

SUPPORTING DOCUMENTS - FLIGHT DELAY

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
-----------	-------------------------	---------------	---------------	-------------

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Covered Travel booking bill including flights and accommodation,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- Proof of delay > 4 hours established by the transport company,
- Bills for additional purchases while waiting: meals, drinks, hotel,
- An extended residence certificate from the municipality if the claim concerns more than one passenger.

LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Please number and attach bills for expenses.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTATION - EXTENSION OF STAY

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business	Visa Business Gold
--------------	-----------	-------------------------	---------------	---------------	---------------	--------------------

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- In case of Accident or Illness: the medical certificate,
- Proof of cancellation of the scheduled flight following the occurrence of a volcanic eruption,
- Hotel bills and proof of transfer between the airport and hotel,
- Bills for meals, beverages and telephone expenses,
- Household composition if the request relates to several covered passengers.

LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Please number and attach bills for expenses.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTATION - COVERAGE FOR BAGGAGE LOSS OR DELAY

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
-----------	-------------------------	---------------	---------------	-------------

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Covered Travel booking bill including flights and accommodation,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- Bills corresponding to the costs incurred (meals, refreshments, travel or accommodation expenses),
- Proof of mechanical breakdown / accident of the means of transport used.

LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Please number and attach bills for expenses.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - MISSED DEPARTURE

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business Gold	Visa Select
-----------	-------------------------	---------------	---------------	--------------------	-------------

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Covered Travel booking bill including flights and accommodation,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- Receipts for expenses incurred (meals, refreshments, travel and accommodation),
- Proof of mechanical breakdown/accident of the means of transport used.
- An extended residence certificate from the municipality if the claim concerns more than one passenger.

LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Please number and attach bills for expenses.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTATION - BAGGAGE LOSS OR THEFT

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
-----------	-------------------------	---------------	---------------

Start date of trip / /

End date of trip / /

Location and circumstances of the loss:

In case of Theft:

Date theft reported to the local authority / /

Address of the local authority

Case number of the report

Purchase value of good(s) , . €

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- The booking invoice for the Covered Travel,
- Proof of payment of the Covered Travel: your monthly Card statement including the entire card number,
- The Property Irregularity Report (PIR) provided by the airline,
- The Baggage Delivery document stating the day and time of their arrival,
- Bills corresponding to purchases of basic necessities,
- Certificate of extended residence from the municipality in the event that several passengers are involved,
- In case of Theft,
 - The filing of a detailed complaint,
 - Original Luggage purchase receipts,
 - The Luggage repair quote(s).

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - TRAVEL ACCIDENT

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business Gold	Visa Business
--------------	-----------	-------------------------	---------------	---------------	--------------------	---------------

Start date of trip / /

End date of trip / /

Date of accident / /

Date accident reported to the competent authority / / (if applicable)

Location and circumstances of the accident

Name, address and contact details of the competent authority

Case number of the report

Name(s) and address(es) of witness(es) to the accident (if any)

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copies of invoices with payment confirmation,
- Copies of medical prescriptions,
- Copies of cash register receipts,
- In the event of death, the death certificate,
- Report drawn up by local authorities (in the event of an accident only).

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form, as well as all documents, by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - RENTAL VEHICLE DEDUCTIBLE COVERAGE

Visa Platinum	Visa Infinite
---------------	---------------

Effective date of rental agreement / /

End date of rental agreement / /

Date accident reported to the competent authority / /

Name, address and contact details of the competent authority

Case number of the report

Name(s) and address(es) of witness(es) to the accident (if any)

Documents to be attached to this form:

- The original receipt for complaint filed with the police authorities stating the circumstances,
- Copy of the Original Rental Agreement indicating the amount of the applicable deductible, the rental dates, the price paid,
- Proof of rental payment: monthly Card statement,
- The original police report / copy of the accident report (if any),
- The bill for repairs.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

 Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTATION - GOLF EQUIPMENT LOSS / THEFT / DAMAGE

Visa Infinite

Start date of trip / /

End date of trip / /

Location and circumstances of the loss:

In case of Theft:

Date theft reported to the local authority / /

Address of the local authority

Case number of the report

Purchase value of good(s) , . €

Name(s) and address(es) of witness(es) to the accident (if any)

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copy of the trip invoice,
- In case of loss during transport: a document from the transport company attesting to the loss and the amount reimbursed, if any,
- In case of theft: the filing of a detailed complaint,
- Original purchase invoices for the Insured Property,
- The repair quotes for the Insured Property.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - SKI EQUIPMENT LOSS / THEFT / DAMAGE

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
-----------	-------------------------	---------------	---------------

Start date of trip / /

End date of trip / /

Location and circumstances of the loss:

In case of Theft:

Date theft reported to the local authority / /

Address of the local authority

Case number of the report

Purchase value of good(s) , . €

Name(s) and address(es) of witness(es) to the accident (if any)

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copy of the trip invoice,
- In case of loss during transport: a document from the transport company attesting to the loss and the amount reimbursed, if any;
- In the event of theft: the filing of a detailed complaint,
 - Original purchase invoices for the Insured Property.
 - The repair quotes for the Insured Property.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

SUPPORTING DOCUMENTS - SMARTPHONE THEFT

Visa Platinum	Visa Infinite
---------------	---------------

Location and circumstances of the loss:

Date theft reported to the local authority / /

Address of the local authority

Case number of the report

Purchase value of stolen goods , . €

Name(s) and address(es) of witness(es) to the accident (if any)

Documents to be attached to this form:

- The filing of a detailed complaint,
- The original purchase invoices of the Insured Property,
- The repair quotes for the Insured Property.

Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

STATEMENT OF CLAIM - Policy Number 293515