# CLAIMSFORM
# Visa Infinite

*Please fill in this form and its appendix A or B:*

*- Form A: insurance cover for travel cancellation and interruption, purchases' cover, luggage loss, late luggage delivery, extension of stay, delayed plane, missed flight and internet (late) delivery.*
*- Form B: Death and Invalidity Cover in case of a travel accident.*

*Please fill in the form, sign it and return it to us ASAP by email to the address wtw-lu.spuerkeess@willistowerswatson.com or by post to the address: Willis Towers Watson Luxembourg, 145, rue du Kiem L-8030 Strassen.*

☐ Miss ☐ Mrs ☐ Mr

**Full Name**: _____

**Date of Birth**: _____

**Full Address:** _____

**Phone**:_____**Mobile**: _____

**E-mail**: _____

**IBAN Account Number**: _____

**Bank**: _____

**Matrimonial Status**:

☐ Single ☐ Married ☐ Widow/er ☐ Divorced ☐ Other

**Profession (optional)**: _____

***I, the undersigned, hereby certify that the above information is true.***

**Date**: _____**Signature**: _____

**Data Privacy**

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 which includes information on how to exercise individual rights: https://www.wtwco.com/fr-LU/Notices/politique-de-confidentialite-insurance-brokerage.

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.

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/her medical data as described in this form and in the Willis Towers Watson Luxembourg Privacy Notice.

## CLAIMSFORM – FORM A

IN THE EVENT OF DAMAGE OR FINANCIAL LOSS

**Type of card: Visa Infinite**

**Card Number**: _____

**Nature of claim**:

- ☐ Purchase Cover
- ☐ Travel Cancellation and Interruption
- ☐ Loss of Luggage
- ☐ Extension of stay
- ☐ Outstanding balance insurance in case of death
- ☐ Sports equipment
- ☐ Collision damage waiver
- ☐ Internet Delivery
- ☐ Late Luggage Delivery
- ☐ Delayed Plane
- ☐ Missed departure
- ☐ Money theft
- ☐ Extended warranty agreement

**When did it happen**? _____

**Where did it happen**? _____

**Was the Police involved**?

☐ Yes ☐ No

**If yes, what Police authority**? _____

**Police Reference Number**: _____

**Circumstances:** _____

_____

_____

_____

_____

_____

_____

_____

| **List of documents to be added to your Claim's Form (e.g. bills, place tickets, taxi receipts, etc…)** | **Date** | **Currency** | **Amount** |
|---|---|---|---|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| | | **Sub-total*** | |
| *Financial compensation from the carrier, airline company and other insurance companies* | | **Deduction** | |

* Please make a subtotal for each currency. Please do not convert the amounts. State them in the original currency.

***I, the undersigned, hereby certify that the above information is true.***

**Date**: _____ **Signature**: _____

## CLAIMS FORM – FORM B

IN CASE OF INJURY DURING A TRIP RESULTING IN DISABILITY OR DEATH

**Type of card: Visa Infinite**

**Card Number**: _____

**Nature of the claim**:

☐ Invalidity ☐ Death

**How long ago did you have the accident/illness**?

When did it happen? _____

Where did it happen? _____

Was the Police involved?

☐ Yes ☐ No

If yes, what Police authority? _____

Police Reference Number: _____

**Description of the injuries or illness**:

_____

_____

_____

**When were you given first aid**?

_____

**Name of the doctor who helped you**: _____

**Are you still undergoing any treatment**?

☐ Yes ☐ No

**Name of your current GP**: _____

**Address**:

_____

**Did you see a Specialist**?

☐ Yes ☐ No

If yes, when? _____ Who? _____

**Did you suffer from these ailments before the injury or illness**?

☐ Yes ☐ No

If yes, when did these ailments first ever appear: _____

***I, the undersigned, hereby certify that the above information is true.***

**Date**: _____ **Signature**: _____