

GENERAL INFORMATION

Insurer:

FOYER ASSURANCES S.A.

12, rue Léon Laval
L-3372 LEUDELANGE

Card issuer:

BANQUE RAIFFEISEN S.C.

4, rue Léon Laval
L-3372 Leudelange

Cardholder:

Name: _____

Address:

Type of card held by the cardholder at the time of the claim (please tick the relevant box):

☐ VISA Basic ☐ VISA Classic ☐ VISA Gold ☐ VISA Platinum ☐ VISA Business

Card Number:

Insured

Surname and first name:

Date of birth:

Personal/work phone:

REPAYMENT

Repayment (see terms and conditions of the policy)

Your BANQUE RAIFFEISEN account number:

(International Banking Account Number):

SWIFT (BIC): CCRALULL

CLAIM (TO BE COMPLETED BY THE CARDHOLDER)

Date of the claim/loss:

Place and circumstances of the claim/loss:

.....

.....

Description:

.....

.....

.....

.....

Compensation options and action already undertaken:

.....

.....

.....

.....

Do you have any right of action/recovery from a third party?

.....

.....

Have you taken action in this respect yourself?

.....

.....

.....

Protection of personal data

Under Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, the cardholder authorises Foyer Assurances to record and process the data that he/she has provided to it, as well as any data that he/she may provide to it at a later date, with a view to assessing the risks, preparing, drawing up, managing and performing the insurance policy(ies), settling any claims and preventing fraud.

This data will not be processed for direct marketing purposes. Data will only be processed for marketing purposes with the consent of the data subject. The data subject has the right to withdraw consent and may object at any time to the processing of his/her data for such purposes that do not relate to his/her current products or for direct marketing purposes.

The data controller is Foyer Assurances. It may disclose this data to third parties in the circumstances and in accordance with the terms and conditions set out in Article 300 of the amended law of 7 December 2015 on the insurance sector enshrining professional secrecy obligations in the insurance industry.

Cardholders have the right to access and rectify their data, which they may exercise by sending a request in writing to the data controller.

The retention period for this data is limited to the duration of the insurance policy and the period in which data retention is necessary to enable Foyer Assurances to comply with its obligations in view of legal limitation periods or other legal obligations.

As required by law, Foyer Assurances does not process specific categories of personal data, in particular sensitive data such as data relating to health. If such data is to be processed, in particular for the purposes of paying compensation, your prior and explicit consent will always be requested, save where certain legal exceptions apply, such as the preservation of essential interests or the safeguarding of a legitimate interest.

Foyer Assurances S.A. has appointed a Data Protection Officer who can be contacted by post at the data controller's address or by email at dataprotectionofficer@foyer.lu.

Declaration by the insured

The undersigned declares that he/she has answered the questions correctly and that all the information provided is accurate. The undersigned also confirms that no information relating to the loss and the circumstances that caused it has been omitted.

Date and signature of the insured

Your claim will only be processed after we have received a duly completed claim form, original receipts for expenses and the required supporting documents.

Please send the completed form and all required documents to FOYER ASSURANCES SA, 12, rue Léon Laval, L-3372 LEUDELANGE as soon as possible.

SUPPORTING DOCUMENTS – TRAVEL ACCIDENT

VISA Basic - VISA Classic - Visa Gold - VISA Platinum - Visa Business

Travel start date:

Travel end date:

Date of the accident:

Date when the accident was declared to the competent authority: (where applicable)

Place where the accident occurred and sequence of events:

.....
.....

Name, address and contact details of the competent authority:

.....

Issue number of the report:

Names and addresses of witnesses to the accident (if there are any):

.....
.....

Documents to enclose with this form:

- Copies of invoices along with confirmation of payment,
- Copies of medical prescriptions,
- Copies of details of the amount covered by national health insurance,
- Death certificate,
- The report drawn up by the local authorities (only in the case of an accident).

Declaration by the insured

The undersigned declares that the information given above is complete, correct and exclusively related to the claim and that the costs have not been declared to another insurance company. The undersigned hereby authorises the insurance company to recover the costs from liable third parties.

Date and signature of the insured

Your claim will only be processed after we have received a duly completed claim form, original receipts for expenses and the required supporting documents.

Please send the completed form and all required documents to FOYER ASSURANCES SA, 12, rue Léon Laval, L-3372 LEUDELANGE as soon as possible.