



## 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**  
 **Mastercard WEB**       **Mastercard Gold**       **VISA Premier**

Card Number      [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

**Insured:**

- Surname and first name \_\_\_\_\_  
\_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Date of birth: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]
- Personal/work phone: \_\_\_\_\_
- Email: \_\_\_\_\_

## 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:

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Description:

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Compensation options and action already undertaken:

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

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Have you taken action in this respect yourself?

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**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](mailto: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 – EXTENSION OF MANUFACTURER’S WARRANTY**

Mastercard WEB	VISA Classic	VISA Gold	Mastercard Gold	VISA Premier	VISA Platinum
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**Please notify the Insurer and obtain its approval before arranging for repairs to be carried out.**

Purchase price of the item: € \_\_\_\_\_

Date of purchase or delivery of the item: \_\_\_\_/ \_\_\_\_/\_\_\_\_

**Documents to be enclosed with this form:**

- Original or copy of the purchase invoice or payment receipt for the Insured Item,
- Copy of the VISA/MasterCard statement confirming that the Insured Item was purchased with your VISA/MasterCard card issued by BANQUE RAIFFEISEN,
- In the event of accidental damage, a quote or original repair invoice with a certificate from the seller indicating the nature of the damage and, if applicable, certifying that it is impossible to repair,
- Copy of the initial Warranty.

**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.  
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## SUPPORTING DOCUMENTS – DELIVERY OF GOODS PURCHASED ONLINE

Mastercard WEB | VISA Basic | VISA Classic | VISA Gold | Mastercard Gold | VISA Premier | VISA Platinum

Purchase value of the item: € \_\_\_\_\_

- Non-delivery
- Non-compliant delivery

Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Documents to be enclosed with this form:**

- Print-out of the order confirmation (email), any confirmation of acceptance of the order from the Merchant or screenshot showing the order,
- Copy of the VISA/MasterCard statement confirming that the Insured Item was purchased with your VISA/MasterCard card issued by BANQUE RAIFFEISEN,
- Where the item was delivered by a courier company, the delivery note,
- Where the item was received by post, the acknowledgement of receipt in your possession,
- If the Insured Item was returned to the Merchant, evidence of the amount of the cost of returning the Item recorded delivery.

### **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.**

**SUPPORTING DOCUMENTS – PURCHASE PROTECTION**

Mastercard WEB	VISA Classic	VISA Gold	Mastercard Gold	VISA Premier	VISA Platinum
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Detailed circumstances of the accident

In the event of theft:

- Date theft reported to the local authority: \_\_\_/\_\_\_/\_\_\_\_\_
- Address of the local authority \_\_\_\_\_
- Report number \_\_\_\_\_

Purchase price of stolen or damaged item: € \_\_\_\_\_

Date of purchase or delivery of the item: \_\_\_/\_\_\_/\_\_\_\_\_

**Documents to be enclosed with this form:**

- Report,
- Invoice, receipt or any other supporting document identifying the Insured Item as well as its purchase price and date of purchase,
- Copy of the VISA/MasterCard statement confirming that the Insured Item was paid for using your VISA/MasterCard card issued by BANQUE RAIFFEISEN,
- In the event of accidental damage, a quote or original repair invoice with a certificate from the seller indicating the nature of the damage and, if applicable, certifying that it is impossible to repair.

**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.**

**SUPPORTING DOCUMENTS – TRAVEL INSURANCE****VISA Gold    Mastercard Gold    VISA Premier    VISA Platinum**

Date trip was booked: \_\_\_/\_\_\_/\_\_\_\_

Date trip was cancelled: \_\_\_/\_\_\_/\_\_\_\_

Total amount of cancellation fees: €\_\_\_\_\_

**Documents to be enclosed with this form:**

- Booking confirmation,
- Medical report,
- Evidence of significant damage to immovable property (if applicable),
- Other documents proving the need to cancel the trip,
- Terms of cancellation of the travel agreement,
- **Original** cancellation invoice,
- Copy of the VISA/MasterCard statement confirming that the Insured Trip was paid for using your VISA/MasterCard card issued by BANQUE RAIFFEISEN,

**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.**

**SUPPORTING DOCUMENTS – MISSED EVENT**

VISA Classic	VISA Gold	Mastercard Gold	VISA Premier	VISA Platinum
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Date of booking  /  /

Date of cancellation  /  /

Total amount of fees  .  ,  €

Documents to be enclosed with this form:

- original or printed tickets (e-tickets)
- Medical report,
- Evidence of significant damage to immovable property (if applicable),
- Other documents proving the need to cancel,
- Contract cancellation conditions,
- Details of household members if the request relates to more than one covered passenger
- Copy of your Visa statement (if not yet available, please send it as soon as you receive it),

**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.**





**SUPPORTING DOCUMENTS – COVER FOR RENTAL VEHICLE EXCESS**

**VISA Gold**

**Mastercard Gold**

**VISA Premier**

**VISA Platinum**

Effective date of the rental agreement      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

End date of the rental agreement            [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Date claim reported to the competent authority      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Name, address and contact details of competent authority

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Report number

Name and address of witnesses to the accident (if any)

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**Documents to be enclosed with this form:**

- Copy of the claim to the competent authority/Report;
- Copy of the rental agreement,
- Copy of the rental company's invoice showing the amount of the excess,
- A copy of your Visa statement confirming that all vehicle rental costs were paid for using your Visa card (if unavailable, please send a copy of your receipt),

**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.**





**SUPPORTING DOCUMENTS – TRAVEL ACCIDENT**

**VISA Basic**

**VISA Gold**

**VISA Platinum**

**VISA Classic**

**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.**