

Claim notification

Card insurance - Other

1. Notification refers to

☐ Hole-in-one ☐ Rental ☐ Purchase protection ☐ Other claim

2. Insured / Cardholder

Card number (the 8 first figures) _____ Social Security Number _____

Name _____

Phone number _____

E-mail _____

Address _____

Home insurance company and policy number _____

Has the claim been reported to another insurance company? ☐ No ☐ Yes

If yes, and not to the home insurance company, please specify _____

3. Compensation to be paid to

Note! Clearing no. and bank account no. – mandatory information

Account holder (if other than insured) _____

Address _____

Bank details _____

Clearing no. and account no. (incl IBAN) _____

4. Details about the travel

Destination _____

Date of departure _____ Date of payment for the travel _____

☐ Private ☐ Business

Participants, if other than cardholder (name, social security no. of participants) (If there are not enough space, please enclose details in a separate document)

Name	Social Security Number	Part of cardholder's household
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Information about the claim (If there are not enough space, please enclose a separate document with the claim description)

Description

6. Claim for compensation (If there are not enough space, please enclose details in a separate document)

Date of expense	Type, please specify (doctor's fees, medicine, travels, etc.)	Claim for compensation

7. Note! For claim assessment, the following documents must be attached to the claim notification

For all damages

☒ Information showing that the travel/service/product is paid for with the card (receipt or bank statement)

For all travel-related damages

☒ Ticket/travel certificate or other documents showing total cost, departures and participants

Rental car (for more information, see insurance conditions)

☐ Documentation that shows the deductible amount

☐ Documentation that shows the rental car hire is paid with the card

☐ Documentation that shows the damages have been adjusted via the rental car's insurance cover

Hole-in-one (for more information, see insurance conditions)

☐ Receipt showing that the Greenfee is paid with the card

☐ Scorecard signed by the insured and the marker

☐ Receipt for champagne or similar

Legal aid (for more information, see insurance conditions)

☐ Documentation that shows engagement of legal counsel

Purchase protection (for more information, see insurance conditions)

☐ Receipt showing that the purchased product is paid with the card

☐ Other relevant documentation

8. Signature (by guardian if the insured is underage)

I hereby certify that the information within this notification of claim is complete and correct.

City _____ Date _____

Signature _____

Clarification of signature _____

9. Processing of Personal Data

Zurich processes your personal data in accordance with the General Data Protection Regulation ("GDPR"), meaning we protect your personal integrity. A pre-requisite for our possibility to handle your notice of claim is Zurich's processing of your personal data.

If you have also provided us with personal data about other individuals than yourself, our assumption is that you will provide them with this information. Should you be prevented to do so, you are required to inform us of this circumstance and provide us with their full contact details.

More information about how we process personal data and data subjects' rights in regards to the personal data processing can be found at www.nordic.zurich.com/privacy

If you do not have the possibility to read, or download, the information as provided on the website, please get in touch with us using the contact details on the last page of this notice of claim so that we can send you the information in a suitable form.

Send the claim notification with attachments to:

kortforsakring@zurich.com

or

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P.O. Box 5069, 102 42 Stockholm

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Zurich Insurance Europe AG
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