

# ING Luxembourg – Visa CLAIM DECLARATION Policy Number 10293065

Version of 01.01.2022



Dear Sir/Madam,

In order to lodge a claim file, please send this declaration, duly filled in and signed, along with all the supporting documentation concerning the claim by post to Willis Towers Watson Luxembourg, 145 Rue du Kiem, L-8030 Strassen, within 30 calendar days of the claim date.

Depending on the guarantee concerned, please fill in the following pages:

- Extension of manufacturer's guarantee – pages 2 to 5 and page 6
- Delivery of goods purchased on the Internet – pages 2 to 5 and page 7
- Protection of purchases – pages 2 to 5 and page 8
- Travel cancellation/interruption – pages 2 to 5 and pages 9 and 10
- Late flight/delayed baggage – pages 2 to 5 and page 11
- Extended stay – pages 2 to 5 and page 12
- Ticket upgrade – pages 2 to 5 and page 13
- Theft of handbags, personal documents and keys – pages 2 to 5 and page 14
- Loss/theft of baggage or personal items whilst travelling (in transit/room/rental vehicle - pages 2 to 5 and page 14
- Coverage of rental vehicle excess – pages 2 to 5 and page 15
- Missed event – pages 2 to 5 and page 17
- Travel accident coverage – pages 2 to 5 and page 16
- Coverage for Private Civil Liability Abroad – pages 2 to 5 and page 19

Please note that a duly filled in declaration facilitates management of your claim. If you have any questions concerning your claim, please feel free to contact Willis Towers Watson Luxembourg via e-mail at [wtw-lu.ingluxembourg@willistowerswatson.com](mailto:wtw-lu.ingluxembourg@willistowerswatson.com) or by phoning 00352/46 96 01 222.

Foyer Assurances SA reserves the right to request any other document or information required for validation of the claim and assessment of the compensation.

## GENERAL INFORMATION

Claims manager: Willis Towers Watson Luxembourg  
145 Rue du Kiem,  
L-8030 Strassen, Luxembourg

E-mail: wtw-lu.ingluxembourg@willistowerswatson.com  
Ph. 00352/46.96.01.222

Insurer: Foyer Assurances SA

Issuer of the Visa card: ING Luxembourg  
26 Place de la Gare  
L-2965 Luxembourg, Luxembourg

Holder of the Visa card (name and address):

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Type and number of Visa card(s) held by the Card Holder at the time of the incident (please fill in the numbers and the appropriate box):

					I paid using
Visa Classic	4   7   0   9   -	1   8   0   0   -	-	xxxx	<input type="checkbox"/>
Visa CyberCard	4   7   0   9   -	1   8   0   0   -	-	xxxx	<input type="checkbox"/>
Visa Gold	4   2   4   3   -	6   9   0   0   -	-	xxxx	<input type="checkbox"/>
Visa Platinum	4   7   0   9   -	1   7   0   0   -	-	xxxx	<input type="checkbox"/>
Visa Business et Assistance	4   2   5   7   -	2   2   0   0   -	-	xxxx	<input type="checkbox"/>

## REIMBURSEMENT

Reimbursement (cf. Policy Conditions)

• IBAN No.: \_\_\_\_\_

(International Banking Account Number)

• SWIFT code:

Bank name and address \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

(to be filled in by the Visa card Holder)

The Insured

- Surname and first name \_\_\_\_\_  
\_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Family ties with the Visa card Holder \_\_\_\_\_  
\_\_\_\_\_
- Country of domicile \_\_\_\_\_
- Date of birth:     |\_|\_| / |\_|\_| / |\_|\_|\_|\_|
- Home/work phone: \_\_\_\_\_
- E-mail \_\_\_\_\_

**Travel (to be filled in only for travel-insurance related claims)**

- Surnames and first names of the travellers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Family ties with the Visa card Holder \_\_\_\_\_  
\_\_\_\_\_
- Country of domicile: \_\_\_\_\_
- Departure date:   |\_|\_| / |\_|\_| / |\_|\_|\_|\_|     from \_\_\_\_\_ to \_\_\_\_\_
- Return date:     |\_|\_| / |\_|\_| / |\_|\_|\_|\_|     from \_\_\_\_\_ to \_\_\_\_\_
- Type of travel:      Private      Business

In the case of business travel, please specify the company for which the travel was carried out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CLAIM**

(to be filled in by the Visa card Holder)

Date of the incident/loss:      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Date of payment using the card:      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

- Place and circumstances of the incident/loss:

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- Description:

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- Possibilities of compensation and actions already undertaken:

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- Is there a right to take action or a recovery right in relation to a third party?

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- Have you yourself taken action in this regard?

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## **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 available upon request 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](mailto: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.

**ING Luxembourg - Visa  
CLAIM DECLARATION  
Policy number 10293065**

Version of 01.01.2022



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**Date & signature of the Insured**

It will only be possible to process your file after having received a claim declaration form that has been duly filled in, expense accounts, and the supporting documents required.

Please send the completed form as quickly as possible along with all the documents required, by post to Willis Towers Watson Luxembourg, 145 Rue du Kiem, L-8030 Strassen, Luxembourg.

**SUPPORTING DOCUMENTS - EXTENSION OF MANUFACTURER'S  
GUARANTEE**

<b>Visa Gold</b>	<b>Visa Platinum</b>	<b>Visa Classic</b>	<b>Visa CyberCard</b>
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Please notify the Claim Manager and obtain his or her approval before calling on repair services.

Purchase price of the item       .  ,  €

Purchase or delivery date       /  /

Documents to be enclosed with this form:

- The sales slip or the receipt,
- A copy of the Visa statement attesting to the purchase of the item using your Visa card issued by ING Luxembourg.
- In the case of accidental damage, a quotation or repair invoice along with the vendor's certificate indicating the nature of the damage certifying that it was impossible to repair it,
- A copy of the initial guarantee.

**Declaration by the Insured**

The undersigned hereby declares that the information provided above is comprehensive, correct, and relates solely to the claim and that the costs have not been declared to another company. The undersigned hereby authorises the company to recover the costs from a liable third party.

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**Date & signature of the Insured**

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**SUPPORTING DOCUMENTS - DELIVERY OF GOODS PURCHASED  
ON THE INTERNET**

<b>Visa Gold</b>	<b>Visa Platinum</b>	<b>Visa Classic</b>	<b>Visa CyberCard</b>
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Purchase value of the item       ,  .  €

Non-Delivery

Non-Compliant Delivery

Purchase date                       /  /

Documents to enclose with this form:

- A print-out of the document proving the order was placed (e-mail), any confirmation of acceptance of the order from the retailer, or a print-out of a screenshot of the order,
- A copy of the Visa statement attesting to the purchase of the item using your Visa card issued by ING Luxembourg and attesting to the amount(s) debited for the order.
- In the case of delivery carried out by a private carrier, the delivery slip,
- In the case of a postal delivery received, the tracking acknowledgement you have in your possession,
- In the case of return of the guaranteed item to the retailer, the supporting document showing the amount of the shipping costs along with acknowledgement of receipt.

**Declaration by the Insured**

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**SUPPORTING DOCUMENTS – TRAVEL  
CANCELLATION/INTERRUPTION**

<b>Visa Gold</b>	<b>Visa Platinum</b>	<b>Visa Business &amp; Assistance</b>
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Travel reservation date                       /  /

Travel cancellation date                       /  /

Total amount of the cancellation costs     ,  .  €

(See “Cancellation/Interruption costs calculation” on the following page)

Documents to enclose with this form:

- Medical report,
- Proof of major damage to property (where applicable),
- Other documents proving the need to cancel the voyage,
- The travel contract’s cancellation conditions,
- Cancellation invoice,
- Composition of the household if the request relates to several covered passengers,
- A copy of your Visa statement (if it is not yet available, please send it when you receive it).

**Declaration by the Insured**

The undersigned hereby declares that the information provided above is comprehensive, correct, and relates solely to the claim and that the costs have not been declared to another company. The undersigned hereby authorises the company to recover the costs from a liable third party.

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**CANCELLATION/INTERRUPTION COSTS CALCULATION**

DESCRIPTION	CALCULATION	PROOF
<b>TICKETS</b>		
Reimbursable at the sales outlet*	➔ No cancellation costs	
Exchangeable	➔ Change costs € .....	➔ Proof of payment
Non-reimbursable Non-changeable	➔ Purchase price of the tickets €.....	➔ Original tickets or e-ticket print-out
<b>STAY/ACTIVITY</b>		
Cancellation before departure (A – B) = € .....	➔ A) Total of the costs = € ..... B) Amount reimbursed by the lessor (* ) = € .....	➔ Lessor's certificate or the other supporting documents
Cancellation during the stay $\frac{(A \times B)}{C}$ = € .....	➔ a) Number of full days not used: ..... b) Expenses total = € ..... c) for a stay of ..... days	➔ Lessor's certificate or the other supporting documents
Package deal (transport & stay) (A – B) = € .....	➔ a) Total price of the package deal: € ..... b) B) Amount reimbursed by the travel agency*: € .....	➔ Confirmation of the cancellation

\* Please do still contact the lessor/travel agency in order to obtain any reimbursement and recover the airport taxes (in the case of cancellation of a plane ticket)

**SUPPORTING DOCUMENTS – LATE FLIGHT/DELAYED BAGGAGE**

<b>Visa Gold</b>	<b>Visa Platinum</b>	<b>Visa Business &amp; Assistance</b>
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Documents to enclose with this form:

- A copy of your Visa statement (if it is not yet available, please send it when you receive it).
- A copy of the travel invoice,
- A certificate from the competent authorities along with clear indication of how long the baggage was delayed (Property Irregularity Report),
- A certificate from the competent authorities along with clear indication how long the flight was late,
- Expense accounts,
- Details of the compensation received from the transport company (where applicable),
- Summary of expenses subsequent to the lateness,
- Composition of the household if the request relates to several covered passengers.

**LIST OF EXPENDITURES**

	<b>Appendix No. &amp; description</b>	<b>Expenditure Date</b>	<b>Currency</b>	<b>Amount paid</b>	<b>Amount in €</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL					

Please number the expense accounts and enclose them.

**Declaration by the Insured**

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**Date & signature of the Insured**

It will only be possible to process your file after having received a claim declaration form that has been duly filled in, expense accounts, and the supporting documents required.

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**SUPPORTING DOCUMENTS – STAY EXTENSION**

<b>Visa Business &amp; Assistance</b>	<b>Visa Platinum</b>
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Documents to enclose with this form:

- In the case of an accident or illness: the medical certificate.
- Proof of cancellation of the scheduled flight following the occurrence of a volcanic eruption.
- The hotel bills and the document proving transfer between the hotel and the airport.
- The expense accounts for meals, beverages and phone bills
- Composition of the household if the request relates to several covered passengers

**LIST OF EXPENDITURES**

	<b>Appendix No. &amp; description</b>	<b>Expenditure Date</b>	<b>Currency</b>	<b>Amount paid</b>	<b>Amount in €</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL	

Please number the expense accounts and enclose them.

**Declaration by the Insured**

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**Date & signature of the Insured**

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**SUPPORTING DOCUMENTS – TICKET UPGRADE**

<b>Visa Gold</b>	<b>Visa Platinum</b>	<b>Visa Business &amp; Assistance</b>
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Please mention whether the additional costs incurred due to upgrading your return travel ticket are due to:

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Was another means of transport made available to you within 4 hours?

Yes  No

Documents to enclose with this form:

- A copy of your Visa statement (if it is not yet available, please send it when you receive it),
- A certificate from the competent authorities along with clear indication of how long the flight was late,
- Composition of the household if the request relates to several covered passengers.

**Declaration by the Insured**

The undersigned hereby declares that the information provided above is comprehensive, correct, and relates solely to the claim and that the costs have not been declared to another company. The undersigned hereby authorises the company to recover the costs from a liable third party.

\_\_\_\_\_  
**Date & signature of the Insured**

It will only be possible to process your file after having received a claim declaration form that has been duly filled in, expense accounts, and the supporting documents required.

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**SUPPORTING DOCUMENTS – LOSS/THEFT OF BAGGAGE OR  
PERSONAL ITEMS DURING THE VOYAGE (IN  
TRANSIT/ROOM/RENTAL VEHICLE)**

<b>Visa Platinum</b>	<b>Visa Business &amp; Assistance</b>
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Detailed circumstances:

Date of declaration of the theft to the local authority  /  /

Purchase value of the item(s)  .  ,  €

Address of the local authority

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Issue number of the report

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Documents to enclose with this form:

- The receipt concerning filing of a complaint with the police authorities, mentioning the circumstances of the theft/loss and a list of the items stolen/lost, and the amount of money stolen/lost.
- Purchase invoices for the items stolen/lost
- Any document providing evidence of the assault (where applicable) (eyewitness account, medical certificate).

### **Declaration by the Insured**

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**Date & signature of the Insured**

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**SUPPORTING DOCUMENTS – COVERAGE OF RENTAL VEHICLE  
EXCESS**

<b>Visa Platinum</b>	<b>Visa Business &amp; Assistance</b>
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Date when the rental contract came into force     /  /

Date when the rental contract ended                 /  /

Date of declaration of the incident to the competent authority     /  /

Name, address and contact details of the competent authority

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Issue number of the report

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

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Documents to enclose with this form:

- Copy of the incident declaration to the competent authority/Report;
- Copy of the rental contract,
- Copy of the invoice from the rental company with mention of the excess,
- A copy of your Visa statement attesting to payment of all of the rental costs for the vehicle using your Visa card (if it is not available, please send a copy of your receipt),

**Declaration by the Insured**

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\_\_\_\_\_  
**Date & signature of the Insured**

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## SUPPORTING DOCUMENTS – MISSED EVENT

**Visa Platinum**

Booking date

□□ / □□ / □□□□

Cancellation date

□□ / □□ / □□□□

Total amount of the expenses

□ . □□□□ , □□ □ €

Documents to enclose with this form:

- The original or printed tickets (e-tickets)
- Medical report,
- Proof of major damage to property (where applicable),
- Other documents proving the need to cancel,
- The contract's cancellation conditions,
- Composition of the household if the request relates to several covered passengers,
- A copy of your Visa statement (if it is not yet available, please send it when you receive it),

### Declaration by the Insured

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**Date & signature of the Insured**

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**SUPPORTING DOCUMENTS – PRIVATE CIVIL LIABILITY ABROAD**

**Visa Platinum**

Travel start date                      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Travel end date                        [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Date of the incident                    [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Date when the incident was declared to the competent authority [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] (where applicable)

Place where the incident 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
  - Report drawn up by the local authorities (only in the case of an accident)

**Declaration by the Insured**

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\_\_\_\_\_  
**Date & signature of the Insured**

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