

Dear Sir/Madam,

To file a claim, please send this completed and signed statement, accompanied by all supporting documents by mail to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, no later than 45 calendar days after the date of the loss.

Depending on the claim, please complete the following pages:

- Delivery of goods purchased on the internet pages 2 to 4 and 5
- Purchase protection pages 2 to 4 and 6
- Trip cancellation and interruption pages 2 to 4, 7 and 8
- Flight delay pages 2 to 4 and 9
- Extended stay pages 2 to 4 and 10
- Baggage loss or delay pages 2 to 4 and 11
- Baggage loss or theft pages 2 to 4 and 12
- Travel accident pages 2 to 4 and 13
- Rental vehicle deductible coverage pages 2 to 4 and 14
- Golf equipment loss / theft / damage pages 2 to 4 and 15
- Ski equipment loss / theft / damage pages 2 to 4 and 16
- Smartphone theft pages 2 to 4 and 17

Please note that a properly completed statement makes it easier to manage your claim.

If you have any questions about your claim, please do not hesitate to contact Willis Towers Watson Luxembourg by email at [WTW-LU.BIL@willistowerswatson.com](mailto:WTW-LU.BIL@willistowerswatson.com) or by telephone at 00352 46 96 01 321.

Foyer Assurances SA reserves the right to request any other document or information necessary to verify the claim and determine the amount of compensation.

## GENERAL INFORMATION

(to be completed by the Visa Cardholder)

Claims manager: Willis Towers Watson Luxembourg  
145 Rue du Kiem  
L-8030 Strassen  
E-Mail : [WTW-LU.BIL@willistowerswatson.com](mailto:WTW-LU.BIL@willistowerswatson.com)  
Tél. 00352/46.96.01.321

Insurer: Foyer Assurances S.A.  
12, rue Léon Laval  
L-3372 Leudelange

Visa card issuer: Banque Internationale à Luxembourg S.A.  
69 route d'Esch  
L-1470 Luxembourg

Visa Cardholder (name and address):

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Type and number of Visa card(s) held by the Cardholder at the time of the loss (please fill in the numbers and tick the corresponding box):

					I paid with		
Visa Classic	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Gold	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Gold International	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Platinum	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Infinite	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Business Gold	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Business	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>
Visa Select	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	- XXXX	<input type="checkbox"/>

## REIMBURSEMENT

(See Policy Terms and Conditions)

<b>IBAN</b> (International Bank Account Number)	
<b>Bank Identifier Code</b> (BIC Code)	

## GENERAL INFORMATION

(to be completed by Visa Cardholder)

Insured

- First Name and Surname: \_\_\_\_\_  
\_\_\_\_\_
- Relationship to the Visa Cardholder: \_\_\_\_\_  
\_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Country of residence: \_\_\_\_\_
- Date of birth:   /   /
- Pers. / Work Tel. no.: \_\_\_\_\_
- Email: \_\_\_\_\_

## TRAVEL

(to be completed only in the event of a travel-related claim)

- Last Name(s) and First Name(s) of traveller(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Relationship to the Visa Cardholder: \_\_\_\_\_  
\_\_\_\_\_
- Country of residence: \_\_\_\_\_
- Departing on:   /   /    from \_\_\_\_\_ to \_\_\_\_\_
- Returning on:   /   /    from \_\_\_\_\_ to \_\_\_\_\_
- Type of trip  personal  business

For business travel, please specify the company for which the trip was taken:

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

STATEMENT OF CLAIM - Policy Number 293515

## CLAIM

(to be completed by the Visa Cardholder)

Date of loss / injury:   /   /

Date of payment with the card:   /   /

- Location and circumstances of the loss / injury:

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- Description:

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- Other compensation and actions already undertaken:

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- Is there a right of action / recovery from a third party?

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- Have you taken any action in this regard yourself?

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## Personal data

The policyholder and / or insured acknowledges that Willis Towers Watson Luxembourg collects the personal data provided via this form or subsequently through other means, which are necessary to manage and settle the claim in question. Willis Towers Watson Luxembourg will process your data in accordance with the data privacy notice which is available upon request from our departments.

Personal data collected via this form may be shared with third parties outside Willis Tower Watson Luxembourg SA as your insurer, insofar as these third parties are involved in processing and / or managing the claim as described in Willis Towers Watson Luxembourg's data protection policy on the website at: <http://particuliers.grassavoie.lu/accueil-100238.html> (in French).

## Insured's Statement

The undersigned states that they have adequately answered the questions, and that all the information given is accurate. The undersigned also confirms that no information related to the claim and the circumstances that caused it has been omitted.

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### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses, and all of the required supporting documentation.

Please send the completed form and all required documents as soon as possible by post to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

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

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
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Purchase value of goods   ,   .  €

Non-Delivery

Nonconforming Delivery

Date of purchase  /  /

### Documents to be attached to this form:

*Supporting documents to be provided by the Insured in case of nonconforming delivery:*

- The printed order document (email), any confirmation of acceptance of the order by the Seller or a printout of a screen shot of the order page,
- A copy of the Insured's Visa statement or the direct debit notice indicating the amount(s) debited for the order,
- In case of delivery by a carrier, the delivery receipt given to the Insured,
- In case of shipment by post received by the Insured, the delivery tracking document in the possession of the Insured,
- In case the Covered Property was returned to the Seller, proof of the amount of shipping costs with acknowledgement of receipt.

*Supporting documents to be provided by the Insured in the event of non-delivery:*

- The purchase receipt for the Insured Property,
- A copy of the Insured's Visa statement or the direct debit notice indicating the amount(s) debited for the order,
- Written correspondence with the seller.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

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### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

**SUPPORTING DOCUMENTS - PURCHASE PROTECTION**

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
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Detailed circumstances of the accident:

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In case of Theft:

Date theft reported to the local authority       /  /

Address of the local authority

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Case number of the report

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Purchase value of stolen or damaged goods       ,  .  €

Date of purchase or delivery of the goods       /  /

**Documents to be attached to this form:**

- The Visa statement indicating the payment for the Insured Property by Card,
- Any supporting evidence to identify the Insured Property as well as the purchase price and the date of purchase, such as a bill or a cash register receipt.

In case of Theft, the Insured must also send the Insurer the following documents:

- The original police report,
- Any evidence of the Loss, such as:
  - In case of Robbery: any evidence, such as a medical certificate, testimony or written attestation, dated and signed by the witness (mentioning their last name, first name, date and place of birth, address and occupation),
  - In case of Burglary: any document evidencing the burglary, such as the quote or the repair bill for the locking mechanism or a copy of the statement made by the Insured to its home or automobile property and casualty insurer.

In case of Accidental Damage, the Insured must also provide:

- The original quote or repair bill, or
- The seller's statement specifying the nature of the damage and certifying that the Insured Property is irreparable.

**Insured's Statement**

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

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**Date + signature of the Insured**

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

## SUPPORTING DOCUMENTS - TRIP CANCELLATION AND INTERRUPTION

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business Gold	Visa Select
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Date of trip booking  /  /

Date of trip cancellation  /  /

Total amount of cancellation costs  ,  .  €

(See 'Calculation of Cancellation / Interruption Costs' on the next page)

Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- The booking invoice for the Covered Travel,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- The airline's written response regarding the reimbursement of airline taxes due even if flights are non-refundable (No-Show certificate for low-cost flights),
- The accommodation cancellation bill,
- The attached medical report completed and signed / death certificate with proof of kinship / statement of accident at home / police report (if theft of document),
- An extended residence certificate from the municipality if the claim concerns more than one passenger.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

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### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

STATEMENT OF CLAIM - Policy Number 293515

## SUPPORTING DOCUMENTS - FLIGHT DELAY

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Covered Travel booking bill including flights and accommodation,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- Proof of delay > 4 hours established by the transport company,
- Bills for additional purchases while waiting: meals, drinks, hotel,
- An extended residence certificate from the municipality if the claim concerns more than one passenger.

### LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>TOTAL</b>				

Please number and attach bills for expenses.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

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## SUPPORTING DOCUMENTATION - EXTENSION OF STAY

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business	Visa Business Gold
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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- In case of Accident or Illness: the medical certificate,
- Proof of cancellation of the scheduled flight following the occurrence of a volcanic eruption,
- Hotel bills and proof of transfer between the airport and hotel,
- Bills for meals, beverages and telephone expenses,
- Household composition if the request relates to several covered passengers.

### LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>TOTAL</b>				

Please number and attach bills for expenses.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

## SUPPORTING DOCUMENTATION - COVERAGE FOR BAGGAGE LOSS OR DELAY

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Select
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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Covered Travel booking bill including flights and accommodation,
- Proof of payment of the Covered Travel with the monthly Card statement including the entire card number,
- Bills corresponding to the costs incurred (meals, refreshments, travel or accommodation expenses),
- Proof of mechanical breakdown / accident of the means of transport used.

### LIST OF EXPENSES

Annex no. + description	Expense Date	Currency	Amount paid	Amount in €
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				

Please number and attach bills for expenses.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

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## SUPPORTING DOCUMENTATION - BAGGAGE LOSS OR THEFT

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
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Start date of trip  /  /

End date of trip  /  /

Location and circumstances of the loss:

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In case of Theft:

Date theft reported to the local authority  /  /

Address of the local authority

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Case number of the report

Purchase value of good(s)  ,  .  €

### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- The booking invoice for the Covered Travel,
- Proof of payment of the Covered Travel: your monthly Card statement including the entire card number,
- The Property Irregularity Report (PIR) provided by the airline,
- The Baggage Delivery document stating the day and time of their arrival,
- Bills corresponding to purchases of basic necessities,
- Certificate of extended residence from the municipality in the event that several passengers are involved,
- In case of Theft,
  - The filing of a detailed complaint,
  - Original Luggage purchase receipts,
  - The Luggage repair quote(s).

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

## SUPPORTING DOCUMENTS - TRAVEL ACCIDENT

Visa Classic	Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite	Visa Business Gold	Visa Business
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Start date of trip  /  /

End date of trip  /  /

Date of accident  /  /

Date accident reported to the competent authority  /  /  (if applicable)

Location and circumstances of the accident

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Name, address and contact details of the competent authority

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Case number of the report

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Name(s) and address(es) of witness(es) to the accident (if any)

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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copies of invoices with payment confirmation,
- Copies of medical prescriptions,
- Copies of cash register receipts,
- In the event of death, the death certificate,
- Report drawn up by local authorities (in the event of an accident only).

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form, as well as all documents, by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

## SUPPORTING DOCUMENTS - RENTAL VEHICLE DEDUCTIBLE COVERAGE

Visa Platinum	Visa Infinite
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Effective date of rental agreement       /  /

End date of rental agreement               /  /

Date accident reported to the competent authority       /  /

Name, address and contact details of the competent authority

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Case number of the report

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Name(s) and address(es) of witness(es) to the accident (if any)

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**Documents to be attached to this form:**

- The original receipt for complaint filed with the police authorities stating the circumstances,
- Copy of the Original Rental Agreement indicating the amount of the applicable deductible, the rental dates, the price paid,
- Proof of rental payment: monthly Card statement,
- The original police report / copy of the accident report (if any),
- The bill for repairs.

**Insured's Statement**

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

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Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

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## SUPPORTING DOCUMENTATION - GOLF EQUIPMENT LOSS / THEFT / DAMAGE

### Visa Infinite

Start date of trip  /  /

End date of trip  /  /

Location and circumstances of the loss:

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In case of Theft:

Date theft reported to the local authority  /  /

Address of the local authority

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Case number of the report

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Purchase value of good(s)  ,  .  €

Name(s) and address(es) of witness(es) to the accident (if any)

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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copy of the trip invoice,
- In case of loss during transport: a document from the transport company attesting to the loss and the amount reimbursed, if any,
- In case of theft: the filing of a detailed complaint,
- Original purchase invoices for the Insured Property,
- The repair quotes for the Insured Property.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

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### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

## SUPPORTING DOCUMENTS - SKI EQUIPMENT LOSS / THEFT / DAMAGE

Visa Gold	Visa Gold International	Visa Platinum	Visa Infinite
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Start date of trip  /  /

End date of trip  /  /

Location and circumstances of the loss:

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In case of Theft:

Date theft reported to the local authority  /  /

Address of the local authority

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Case number of the report

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Purchase value of good(s)  ,  .  €

Name(s) and address(es) of witness(es) to the accident (if any)

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### Documents to be attached to this form:

- Copy of your Visa statement (if not yet available, please send it upon receipt),
- Copy of the trip invoice,
- In case of loss during transport: a document from the transport company attesting to the loss and the amount reimbursed, if any;
- In the event of theft: the filing of a detailed complaint,
  - Original purchase invoices for the Insured Property.
  - The repair quotes for the Insured Property.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

STATEMENT OF CLAIM - Policy Number 293515

## SUPPORTING DOCUMENTS - SMARTPHONE THEFT

Visa Platinum	Visa Infinite
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Location and circumstances of the loss:

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Date theft reported to the local authority  /  /

Address of the local authority

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Case number of the report

Purchase value of stolen goods  ,  .  €

Name(s) and address(es) of witness(es) to the accident (if any)

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### Documents to be attached to this form:

- The filing of a detailed complaint,
- The original purchase invoices of the Insured Property,
- The repair quotes for the Insured Property.

### Insured's Statement

The undersigned states that the information given above is complete, correct and solely related to the claim, and that the costs have not been claimed from another company. The undersigned hereby authorises the company to recover the costs from a responsible third party.

### Date + signature of the Insured

Your file will be processed after receipt of a properly completed claim form, bills for expenses and the required supporting documentation.

Please send the completed form and all documents by post as soon as possible to Willis Towers Watson Luxembourg, 145, rue du Kiem, L-8030 Strassen, Luxembourg.

STATEMENT OF CLAIM - Policy Number 293515