

# Claim Form

## Trip cancellation & delayed departure

### 1. Personal details of cardholder

First 8 digits of your Swissquote Premium Debit Card : \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

Street/n° \_\_\_\_\_ Post code \_\_\_\_\_ City \_\_\_\_\_

Mobile phone n° \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_

### 2. Bank details for the reimbursement

Account holder (full name, address) \_\_\_\_\_

Bank account / Post account (IBAN) \_\_\_\_\_

### 3. Information about other insurance coverage

Are you insured with another company for this type of cover? Yes ☐ No ☐

If yes, which insurance? \_\_\_\_\_ Policy n° \_\_\_\_\_

### 4. Information about the planned trip

a) Have you paid at least 50% of the travel expenses with your Swissquote Premium Debit Mastercard? Yes ☐ No ☐

b) Purpose of travel Private ☐ Professional ☐

c) Date of booking \_\_\_\_\_

d) Travel duration from \_\_\_\_\_ to \_\_\_\_\_

e) Destination Country \_\_\_\_\_

City \_\_\_\_\_

## 5. Information about the trip cancellation/delayed departure

a) Reason for cancellation/delayed departure:

- ☐ Illness      ☐ Accident      ☐ Pregnancy complications      ☐ Death      of insured
- ☐ Illness      ☐ Accident      ☐ Pregnancy complications      ☐ Death      of a relative
- ☐ Illness      ☐ Accident      ☐ Pregnancy complications      ☐ Death      of substitute at work
- ☐ Burglary or damage to the insured's residence (natural disaster, fire or water damage)
- ☐ Theft of public transport tickets, passport or credit card within 24 hours before the trip starts
- ☐ Extraordinary circumstances at the travel destination

b) Date of cancellation \_\_\_\_\_

c) Brief description of the incident

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d) If the trip was not cancelled immediately, please give us the reasons:

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## 6. Persons concerned and damage due to the trip cancellation/delayed departure

6.1 Please list below all passengers who were also affected:

Surname, Name	Address	Date of birth	Relationship to the insured person

Do any of the above-mentioned person have other travel insurance? ☐ Yes ☐ No

If yes, does it also cover your share? ☐ Yes ☐ No

**6.2 Please list the different costs you have incurred as a result of your trip cancellation**

Date	Service (cancelled/unused)	Booked at	Amount in CHF

## **7. Documents and documentary evidence**

### **7.1 Travel documents:**

- ☐ Booking confirmation for each service booked
- ☐ Cancellation invoice/cancellation confirmation for each service booked
- ☐ Proof of payment for the trip using your Swissquote Premium Debit Mastercard
- ☐ General terms and conditions of the tour operator (cancellation conditions)

### **7.2 Proof of trip cancellation**

- In case of illness/accident/pregnancy complications:
  - ☐ Medical certificate, hospitalisation reports, x-rays, analysis of any other proof allowing our advising doctor to decide on your request.
- In case of death:
  - ☐ Death certificate
- In case of theft:
  - ☐ Police report

- ☐ Any other document justifying the reason for the cancellation of the trip

### **7.3 Proof for other insured persons**

- ☐ Confirmation of residence for adult children and partners
- ☐ Proof of family degree with the insured person if the name is not identical

## Declaration

I confirm the accuracy and completeness of the information provided above. I acknowledge that I may lose my right to the insurance benefit if my information is inaccurate, incomplete, or contradictory, even if this does not cause any harm to the insurer. I accept that Europ Assistance (Switzerland) Insurance Ltd may inquire with travel organizers, intermediaries, transportation companies, Swissquote Bank Ltd and companies mandated by Swissquote Bank Ltd, authorities (police, courts, etc.), other insurers, and any other relevant parties. I release these entities from any confidentiality obligations towards them. I confirm that I have received, understood, and accepted the general terms and conditions of insurance (GTC).

## Release from confidentiality

I authorize Europ Assistance (Switzerland) Insurance Ltd to verify and process the data concerning me that is necessary to assess the obligation to provide benefits and to process the claim I have declared. This includes, in particular, medical investigations with doctors, hospitals, etc., in which I expressly release the doctors and medical personnel from their confidentiality obligations. If necessary, the data will be transmitted to relevant third parties in Switzerland and abroad, including co-insurers, reinsurers, and other parties involved in the processing of the claim.

Detailed information on the processing of personal data is available at the following address:

[www.europ-assistance.ch/ch-fr/declaration-de-confidentialite](http://www.europ-assistance.ch/ch-fr/declaration-de-confidentialite)

## Release from banking secrecy

The insured persons agree that the policyholder or Europ Assistance (Switzerland) Insurance Ltd may involve third parties to carry out their tasks. The insured cardholder agrees that Europ Assistance (Switzerland) Insurance Ltd may verify with the policyholder whether the cardholder had a valid card insurance contract with the policyholder at the time of the claim. The cardholder authorizes the policyholder to provide this information to Europ Assistance (Switzerland) Insurance Ltd. In this regard, the insured persons release these entities from any banking and business secrecy obligations.

Place and date

Signature of the cardholder

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## Medical report

*This questionnaire must be completed by the doctor if the trip was cancelled due to illness, accident or pregnancy complications*

Surname, name of cardholder _____	Date of birth _____
Surname, name of patient _____	Date of birth _____

1. a) Diagnosis causing the inability to travel \_\_\_\_\_  
 b) Date of diagnosis \_\_\_\_\_  
 • In case of accident: date of accident \_\_\_\_\_  
 • In case of pregnancy: when was the pregnancy confirmed? \_\_\_\_\_ Delivery date \_\_\_\_\_  
 c) On which date did the patient inform you about his/her trip? \_\_\_\_\_  
 d) Since when (exact date) was the patient unfit to travel? \_\_\_\_\_  
 e) Inability to travel from \_\_\_\_\_ until \_\_\_\_\_  
 f) On which date got the patient informed about his/her incapability of travel? \_\_\_\_\_  
 g) Was the patient fit to travel at the time of booking? ☐ Yes ☐ No
2. a) Was medication prescribed? ☐ Yes ☐ No  
 If so, what medication? \_\_\_\_\_  
 b) Were further treatments or follow-up checks ordered? ☐ Yes ☐ No  
 If yes, please provide the dates \_\_\_\_\_  
 c) Was a surgery necessary? ☐ Yes ☐ No  
 If yes, date of operation \_\_\_\_\_ Date when the operation was set \_\_\_\_\_  
 Was it an elective surgery? ☐ Yes ☐ No  
 d) Other therapies/measures? \_\_\_\_\_
3. a) Was hospitalisation required? ☐ Yes ☐ No  
 If so, where? \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_  
 b) Was the patient unable to work? \_\_\_\_\_% ☐ Yes ☐ No
4. a) Was there already an existing pathology? ☐ Yes ☐ No  
 If yes, what were the symptoms? \_\_\_\_\_  
 b) Was there an unexpected, serious aggravation? ☐ Yes ☐ No  
 c) Is the patient still under treatment? ☐ Yes ☐ No  
 When was the last treatment? \_\_\_\_\_  
 Important remarks, which are significant for the insurance claim: \_\_\_\_\_  
 \_\_\_\_\_

### 5. Illness or accident of persons not travelling with the beneficiary

- a) Family degree with the insured person \_\_\_\_\_
- b) When was it first apparent that the presence of the insured person was necessary in view of the patient's state of health?  
 \_\_\_\_\_

**Place, Date**

**Signature and doctor's stamp**

\_\_\_\_\_  
 With my signature I confirm the correctness and completeness of my above information on the above-mentioned patient.