

# Notification of Claim

---

## Shopping-Insurance

---

Dear client

Swisscard AECS GmbH offers its cardholders optional Shopping Insurance for charge cards and credit cards, depending on the card type.

This includes four different insurance benefits:

- Best price guarantee
- Purchase insurance
- Warranty extension
- Safe online/protect online

Insurance is provided through Swisscard AECS GmbH in collaboration with ERV, a subsidiary of Helvetia Swiss Insurance Company Ltd.

Please:

- **Complete the relevant loss report form depending on the claim (pages 2-5)**
- Do not forget your legally binding signature
- Attach the requested supporting documents
- And send these to the following address:
- Würth Financial Service AG  
Kreditkartenabteilung  
In der Luberzen 42  
8902 Urdorf  
or
- [creditcards@wuerth-fs.com](mailto:creditcards@wuerth-fs.com)

To enable us to provide insurance benefits in a swift and uncomplicated manner, please take note of the following points:

- **The basic requirements** for an insured loss event must be met as set out in the General Terms and Conditions of Insurance (GIC's) of your Shopping-Insurance.

**All insurance benefits shall only apply if:**

- **at least 80% of the item was paid for using the Swisscard credit card**
- **and it has a minimum goods value of CHF 50.**
- **Best price guarantee:** When comparing, it is imperative that the items are the same. The time frame shall be 14 days and the minimum price difference must exceed CHF 30. This shall only apply to offers from Switzerland.
- **Purchase insurance:** The term of insurance shall be 30 days from the date of purchase.
- **Warranty extension:** The term of insurance shall commence at the end of the manufacturer warranty.
- **Safe online/online protect:** Please note the deadlines pursuant to the GCI's.

We thank you for your trust and efforts.

Your ERV, in collaboration with Swisscard AECS GmbH.

# Notification of Claim

Claim no. \_\_\_\_\_

## Best price guarantee

### Questions concerning the insured person/cardholder (eligible person)

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address (street / no. / zip code / city): \_\_\_\_\_

Phone (day time): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

### Questions concerning the purchase

Date of purchase: \_\_\_\_\_ Purchased item: \_\_\_\_\_

Brand / fabricator: \_\_\_\_\_ Model information: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Scope of services (accessories): \_\_\_\_\_

Was at least 80% of the purchased item paid for by credit card? yes      no

### Transaction information

Date: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_

Name/location of the point of sale: \_\_\_\_\_

### Questions concerning the event (The same item is offered by the following supplier at least CHF 30 cheaper)

Name/address of the point of sale: \_\_\_\_\_

Price in CHF: \_\_\_\_\_ Price difference in CHF: \_\_\_\_\_

Date of offer: \_\_\_\_\_

### Attachments required

- Original or copy of the sales receipt
- Original or copy of the credit card statement (indicating that at least 80% of the purchase price was paid using the card)
- Proof (e.g. catalogue) including date of offer and the lower offer price of the third-party supplier registered in Switzerland which shows the identical item (to that purchased).

### Remarks:

\_\_\_\_\_

### Confirmation and power of attorney

The ERV will be released from the duty of payment if, following the occurrence of an insured event, the insured person fraudulently attempts to deceive as to the circumstances which are material to the cause or extent of its liability to make payment. I authorise third parties (p.e. Repair centres, transport companies and insurances of any kind) to grant the ERV all necessary informations and release hereby those named from their legal duty of confidentiality.

\_\_\_\_\_ Place and date

\_\_\_\_\_ Signature of the perpetrator or the legal representative

Please send the completed form with the necessary attachments to:

Würth Financial Service AG  
Kreditkartenabteilung  
In der Luberzen 42  
8902 Urdorf  
creditcards@wuerth-fs.com

# Notification of Claim

Claim no. \_\_\_\_\_

## Purchase insurance

### Questions concerning the insured person/cardholder (eligible person)

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address (street / no. / zip code / city): \_\_\_\_\_

Phone (day time): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

### Questions concerning the purchase

Date of purchase: \_\_\_\_\_ Purchased item: \_\_\_\_\_

Brand / fabricator: \_\_\_\_\_ Model information: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Scope of services (accessories): \_\_\_\_\_

Was at least 80% of the purchased item paid for by credit card? yes      no

### Transaction information

Date: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_

Name/location of the point of sale: \_\_\_\_\_

### Questions concerning the event

Theft Damage

Detailed description of the cause of loss (how/why, when and where the damage occurred): \_\_\_\_\_

### Attachments required

- Original or copy of the sales receipt
- Original or copy of the credit card statement (indicating that at least 80% of the purchase price was paid using the card)

In the event of **damage** repair invoice (to the maximum replacement value) including contact details of the issuer (the certified place of repair)

In the event of **total loss** confirmation including contact details of the issuer (certified place of repair)

In the event of **theft** police report

### Remarks:

### Confirmation and power of attorney

The ERV will be released from the duty of payment if, following the occurrence of an insured event, the insured person fraudulently attempts to deceive as to the circumstances which are material to the cause or extent of its liability to make payment. I authorise third parties (p.e. Repair centres, transport companies and insurances of any kind) to grant the ERV all necessary informations and release hereby those named from their legal duty of confidentiality.

Place and date

Signature of the perpetrator or the legal representative

Please send the completed form with the necessary attachments to:

Würth Financial Service AG  
Kreditkartenabteilung  
In der Luberzen 42  
8902 Urdorf  
creditcards@wuerth-fs.com

# Notification of Claim

Claim no.: \_\_\_\_\_

## Warranty extension

### Questions concerning the insured person/cardholder (eligible person)

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address (street / no. / zip code / city): \_\_\_\_\_

Phone (day time): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

### Questions concerning the purchase

Date of purchase: \_\_\_\_\_ Purchased item: \_\_\_\_\_

Brand / fabricator: \_\_\_\_\_ Model information: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Scope of services (accessories): \_\_\_\_\_

Was at least 80% of the purchased item paid for by credit card? yes      no

### Transaction information

Date: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_

Name/location of the point of sale: \_\_\_\_\_

### Questions concerning the event

Device defect description: \_\_\_\_\_

Detailed description of the cause of loss (how/why, when and where the damage occurred)

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

### Attachments required

- Original or copy of the sales receipt
- Original or copy of the credit card statement (indicating that at least 80% of the purchase price was paid using the card)
- Manufacturer warranty provisions including details of the duration
- Expert opinion or estimated costs including contact details of the certified place of repair

### Remarks:

\_\_\_\_\_

### Confirmation and power of attorney

The ERV will be released from the duty of payment if, following the occurrence of an insured event, the insured person fraudulently attempts to deceive as to the circumstances which are material to the cause or extent of its liability to make payment. I authorise third parties (p.e. Repair centres, transport companies and insurances of any kind) to grant the ERV all necessary informations and release hereby those named from their legal duty of confidentiality.

Place and date

Signature of the perpetrator or the legal representative

Please send the completed form with the necessary attachments to:

Würth Financial Service AG  
Kreditkartenabteilung  
In der Luberzen 42  
8902 Urdorf  
creditcards@wuerthfs.com

# Notification of Claim

Claim no.: \_\_\_\_\_

---

## Safe Online / Protect Online

---

### Questions concerning the insured person/cardholder (eligible person)

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address (street / no. / zip code / city): \_\_\_\_\_

Phone (day time): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

### Questions concerning the purchase

Date of purchase: \_\_\_\_\_ Purchased item: \_\_\_\_\_

Brand / fabricator: \_\_\_\_\_ Model information: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Scope of services (accessories): \_\_\_\_\_

Was at least 80% of the purchased item paid for by credit card? yes      no

### Transaction information

Date: \_\_\_\_\_ Amount in CHF: \_\_\_\_\_

Name/location of the point of sale: \_\_\_\_\_

### Questions concerning the event

- Is not equal to the original item ordered
- Damage during transport
- Not delivered

### Attachments required

- Original or copy of the sales receipt
- Original or copy of the credit card statement (indicating that at least 80% of the purchase price was paid using the card)
- Letter with which the supplier was reminded
- Written statement from the supplier
- If required and effected: Returns document including clear delivery costs

### Remarks:

\_\_\_\_\_

### Confirmation and power of attorney

The ERV will be released from the duty of payment if, following the occurrence of an insured event, the insured person fraudulently attempts to deceive as to the circumstances which are material to the cause or extent of its liability to make payment. I authorise third parties (p.e. Repair centres, transport companies and insurances of any kind) to grant the ERV all necessary informations and release hereby those named from their legal duty of confidentiality.

Place and date

Signature of the perpetrator or the legal representative

Please send the completed form with the necessary attachments to:

Würth Financial Service AG  
Kreditkartenabteilung  
In der Luberzen 42  
8902 Urdorf  
creditcards@wuerthfs.com