



**GENERAL INFORMATION**

**Insurer:** **AIG Europe S.A.**  
Boulevard de la Plaine, 11  
Claims Department  
B-1050 Brussels - Belgium  
✉ : [claims.be@aig.com](mailto:claims.be@aig.com)

**Cardholder** (name and address) :

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

**Card number:** \_ \_ \_ \_ - \_ \_ XX-XXXX - \_ \_ \_ \_

**Type of the Card :**

- Banque de Luxembourg Visa Gold  
 Banque de Luxembourg Visa Infinite

**Insured :**

Surname and Last Name : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_ \_ / \_ \_ / \_ \_ \_ \_

Telephone home / office: \_\_\_\_\_

E-mail: \_\_\_\_\_

Country of domicile: \_\_\_\_\_

Is there a similar coverage with another insurance company ?

No  Yes, company + policy number: \_\_\_\_\_

Did you file a claim with this company ?  No  Yes

**REIMBURSEMENT**

**Reimbursement (cf. Terms and Conditions of the Insurance), please mention your banking details from your Bank account at Banque de Luxembourg.**

SWIFT (BIC) : BLUXLULL

IBAN : LU \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

(International Banking Account Number)

**CLAIM**  
**(to be duly completed by the Cardholder)**

- Date of payment with the Card : / /
- Date of loss/injury:  /  /
- Circumstances and location of the loss / injury:

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- Description:

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- Subrogation possibilities and actions already taken:

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

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- Have you taken any action in this respect yourself?

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**Declaration of the Insured**

The undersigned certifies having correctly replied to all questions in all honesty, to the best of his/her knowledge, and certifies that no information with relevance to the claim has been withheld.

Date + signature of the Insured

Your claim will be assessed following the receipt of a duly filled in Claims Notification Form, proof of payment, and all required substantiating documents. Please send this claim form together with all required substantiating documents as soon as possible to the address mentioned on the 1<sup>st</sup> page.

## Personal Data



### How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us.

**The types of Personal Information we may collect and why** - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis
- (Internal) audit

**Sensitive Personal Information** – In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.

**Sharing of Personal Information** - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

**International transfer** - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

**Security of Personal Information** – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

**Your rights** – You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

**Privacy Policy** - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <http://www.aig.be/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: [dataprotectionofficer.be@aig.com](mailto:dataprotectionofficer.be@aig.com).

**PROOF OF LOSS DOCUMENTS**

**Please notify the Insurer and receive the approval prior to proceeding with any repair services.**

- Purchase value of the good: . €
- Date of purchase or delivery of the good:  /  /

**Documents to be enclosed with this present notification:**

- Original or copy of the purchase invoice mentioning the manufacturer's serial number ;
- A document proving the purchase of the Insured Item and mentioning the manufacturer's serial number if it's not mentioned on the purchase invoice ;
- Copy of the Card statement proving the purchase of the Insured Item with the Card ;
- Detailed repair invoice mentioning :
  - Name, address and signature of the Insured Person,
  - Date of breakdown,
  - Brand, type and model of the Insured Item,
  - Description of the breakdown,
  - Description of the performed work,
  - Estimate of the Repair Agent (bearing the official stamp of the Repair Agent) with the details of provisions, expenses and labour costs.
- Copy of the Original Manufacturer Warranty.

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Date + signature of the Insured

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