

GENERAL INFORMATION

Insurer: **FOYER ASSURANCES S.A.**
12, rue Léon Laval
L-3372 Leudelange

Card issuer: **POST LUXEMBOURG**
20, rue de Reims
L-2417 Luxembourg

Card holder:

Name: _____

Address: _____

Type of card held at the time of the claim (please tick the correct box): **VISA Classic** **VISA Gold**Card number - - - **Insured person:**

- Full name _____

- Address: _____

- Date of birth: / /
- Personal/work phone: _____
- Email _____

REIMBURSEMENT

Reimbursement (See policy conditions)

Your BANQUE POST LUXEMBOURG account number _____

(International Banking Account Number) _____

- SWIFT (BIC) CCPLLULLXXX

CLAIM
(To be completed by the card holder)

Date of claim/loss: ___/___/_____

Location and circumstances of claim/loss:

Description:

Compensation options and actions already taken:

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

Have you taken any action yourself in this regard?

Personal data protection

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, the card holder authorises Foyer Assurances to record and process the data sent by the card holder as well as any data sent to it at a later date, in order to assess risks and prepare, create, manage and execute the insurance policy/policies, settle any claims and prevent fraud.

Such data shall not be processed for marketing purposes. Data processing for marketing purposes will only be carried out with the consent of data subject. The data subject has the right to withdraw consent and can object at any time to the processing of their data for purposes unrelated to their current products or direct marketing.

The data controller is Foyer Assurances. It may send this data to third parties in the circumstances and in accordance with the terms and conditions set out in Article 300 of the amended Insurance Sector Act of 7 December 2015 on professional secrecy in insurance.



The card holder is entitled to access and correct their data, which they can do by sending a written request to the data controller's address.

This data shall only be retained for the duration of the insurance policy and the period during which the retention of the data is necessary to enable Foyer Assurances to comply with its obligations regarding limitation periods or other legal obligations.

Pursuant to the regulations in force, Foyer Assurances shall not process specific categories of personal data, particularly sensitive data such as health-related data. If such data needs to be processed, in particular for compensation purposes, your express prior consent will always be requested, unless in the event of legal exceptions such as the protection of essential interests or the safeguarding of legitimate interests.

Foyer Assurances S.A. has appointed a Data Protection Officer, who can be contacted by post at the data controller's address or by email at dataprotectionofficer@foyer.lu.

Insured person's declaration

The undersigned hereby confirms that he/she has answered the questions correctly and that all the information provided is accurate. The undersigned also confirms that no information relating to the claim and its circumstances has been omitted.

Date + signature of the insured person

**Your case can be processed upon receipt of a duly completed claim form, accompanied by original expense reports and necessary supporting documentation.
Please send your completed form and all other required documents as soon as possible to
FOYER ASSURANCES SA, 12, rue Léon Laval, L-3372 LEUDELANGE.**



SUPPORTING DOCUMENTATION - CARD PHISHING

Detailed circumstances:

Date when event was reported to local authorities / /

Address of local authorities

Report reference number

Documents to attach to this form:

- Copy of fraudulent phishing email
- Copy of VISA statement showing purchase of insured Smartphone with your VISA card issued by BANQUE POST LUXEMBOURG.

Insured person's declaration

The undersigned confirms that the information provided above is complete, correct and exclusively related to the claim and that expenses have not been claimed from another company. The undersigned hereby authorises the company to recover the expenses from a liable third party.

Date + signature of the insured person

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