

d. Card fraud insurance

File number with Card Stop:

Police report number:

➔ Please send a copy of your bank statements mentioning the fraudulent purchases with your card.

e. Travel accident insurances (abroad)

Departure date:

Return date:

Date of the event:

Description of the event:

.....

➔ Please add the police report of the event and the death certificate following an accident or, in case of permanent disability following an accident, the medical certificate mentioning the invalidity rate.

Data of beneficiary:

- Name:

- Full address:

- Relationship with card holder:

5. Documents to be added:

- Copy of your credit card (front side) with clear indication of type of card, card number, name of card holder and expiration date
- Proof of payment with credit card (purchase invoice, bank statements, e-mail confirmation of your payment via internet...), clearly mentioning the date of purchase; these documents must show that the total purchase amount was paid with your credit card
- Police report/formal report to the authorities
- Documents listed under the relevant insurance cover

Statement of insured person

The undersigned confirms that the information given below is complete, correct and solely linked to the insurance claim and that the costs have not been reimbursed by another insurance company. The undersigned hereby gives permission to the insurance company to recover the costs from a third responsible party.

Your file can but be processed after having received your completed declaration form, original cost statements and corresponding exhibits. Please send the completed form as well as all requested documents as soon as possible to:

AWP P&C S.A. – Belgian Branch, Zwaluwenstraat 2 – 1000 Brussels – Belgium