

Secure Cyber Claims form Online Account Protection / Online Buyer Protection

Policy No. _____ Claim number _____
(to be completed by Allianz Global Assistance)

1. Information to the insured person

Surname _____ First name _____
Street / No. _____ Postcode / Town _____
Tel. private _____ Tel. business _____
Date of birth _____ E-mail _____

2. Details for payment of benefits

Bank account (IBAN) _____
Name of bank _____
Street / No. _____
Postcode / Town _____
Name of account holder _____
Address of account holder _____
Postal account number _____

How can we help?

AWP P&C S.A., Saint-Ouen (Paris), Wallisellen branch (Switzerland)
Hertistrasse 2, 8304 Wallisellen, Tel. +41 44 283 32 22, Fax +41 44 283 33 83
claims@allianz-assistance.ch, www.allianz-assistance.ch

A. Online account protection

What is affected by the misuse?

private bank account

private bank card

private mobile device

Please describe the circumstances of the loss in as much detail as possible:

On which date did the incident occur? _____

How high is the financial loss? _____

Did you report it to the police? Yes
No

If so, on which date? _____

Police station _____

Have you reported the damage to the financial institution, card contracting partner or network provider? Yes
No

If so, have you received compensation for the financial loss? Yes, amounting to _____
No

How can we help?

B. Online buyer protection

What happened to the item bought online?

Damaged during transportation

Destroyed during transportation

Lost during transportation

Not delivered/only partially delivered

Other

Please describe the circumstances of the loss in as much detail as possible:

On which date did you purchase the item? _____

What amount did you pay for the item? _____

On which date did the incident occur? _____

How can we help?

Declaration

I confirm that the above information is true and complete. I am aware that I can lose my entitlement to insured benefits if the information provided by me is untrue, incomplete or inconsistent, even if the insurer does not incur any disadvantage as a result. I agree to Allianz Global Assistance (Switzerland) obtaining information and access to files from authorities (police, courts etc.), other insurers etc. and exempt same from their legal or contractual duty of confidentiality.

I hereby acknowledge and give my consent to information being transmitted, either in full or in part, to service providers in Switzerland or Europe subject to the same data protection standards, for the purpose of reviewing the insurance claim.

Place / Date**Signature of the insured party** (legal representative for minors)**The following documents are required to process the claim****In case of account protection:**

Confirmation by the police that criminal charges have been filed in relation to the claim

Written undertaking from the relevant account-holding financial institution, card contracting partner, network provider or provider of other payment systems to compensate the financial loss

In case of purchase protection:

Original purchase receipt with details of the purchase price and date incl. time and confirmation of order or mandate

Proof that the item was sent

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