

Claim form for improper bookings following lost/theft of card



What do you need to do?

- Please read the claim form carefully, complete it in full and sign every page.
- Send the completed and signed form to: PostFinance AG, Fraud Disputes, Flughofstrasse 35, Postfach, 8152 Glattbrugg.
Use the pre-printed address sheet on the last page if required.

Further course of action

- Once we receive your claim, we will check it carefully. We may need additional information from you.

Important notes

- You can only dispute the transaction in writing within 30 days from the date of the invoice.
- For security reasons, we do not contact our clients via e-mail and will therefore always contact you by phone or mail.
- Please state the number of the credit card / prepaid card that was used to make the improper bookings.
- The claim form must include the cardholder's signature. Signatures of authorized agents or other persons are not valid.
- If your credit card / prepaid card is not yet blocked, please arrange this immediately.

Affidavit

Credit card number: _____

Name: _____ First name: _____

I hereby confirm that the abovementioned credit card was lost by*/stolen from* me on (date) _____ at (time) _____ in (location) _____ and that all transactions after the loss*/theft* were not performed nor signed by me, neither did I authorize them to be made on my behalf.

I undertake to notify PostFinance immediately if I find my credit card or if the card is returned to me.

I also confirm that I do not personally know the offender nor have I received in any way a compensation from third parties for the loss incurred. Should I obtain any knowledge of the offenders, I undertake to forward this information to PostFinance immediately and on my own initiative.

I will immediately inform PostFinance and on my own initiative of any total or partial repayment by a third party.

Should I accept compensation from PostFinance I explicitly transfer to PostFinance any claims against the perpetrator and/or insurers in the amount of the compensation received for the loss. In addition, should I accept compensation from PostFinance, I undertake to forward to PostFinance immediately and on my own initiative any total or partial repayment of the loss received from a third party.

I hereby declare that I consent to my card information being forwarded to every appropriate police and investigative authority and to the police report being handed over to PostFinance in the event of a financial loss being incurred.

In this case, I release PostFinance in full from its obligation to maintain bank-client confidentiality vis-à-vis all the appropriate police and investigative authorities.

Should a disputed transaction subsequently be found to be legitimate or should any information provided on this form prove to be false, the cardholder may be charged a processing fee.

Should any information provided on this form prove to be false, PostFinance reserves the right to take legal action against the undersigned.

I hereby confirm that all the information given on this form is truthful and complete.

Date: _____ Signature: _____

* Delete as appropriate

You agree that all personal information in the documents (e.g. your card identification number, your contact details and all information in the documents of proof) that you submit to us in relation to your complaint may be forwarded to the international card organizations (e.g. Visa and Mastercard) and their agents. These recipients may also be located outside Switzerland. Swiss law (e.g. data protection) is strictly limited in scope to Swiss territory, and any data sent abroad does not enjoy the protection afforded under Swiss law. If your complaint-related documents include information that you do not wish to submit to us, or information that is not intended for us to forward to the international card organizations or their agents, please redact that information before submitting it to us.

Affidavit

Date, time and location the loss/theft was noticed: _____

Date: _____ Time: _____ Location: _____

To whom was the loss/theft reported? _____

Date and time the loss/theft was reported: Date: _____ Time: _____

Where and how was the card kept? _____

If the card was stolen out of a vehicle, why did you keep it there? _____

Where were you at the time of the loss/theft? _____

Was the credit card signed? Yes No

Where and how was the PIN code kept? _____

Have you lost any written copies of the PIN code? Yes No

Do you know your PIN code by heart? Yes No

Does anybody else know your PIN code? Yes No If so, who? _____

Could this person be in possession of your card? Yes No

Have you changed the PIN code into a combination of your telephone number, car licence number, date of birth or any easily ascertainable combination of numbers? Yes No

If so, into what kind of combination? _____

To which police station and to which officer did you report the offence?
Please provide the police report if available. This has to be confirmed by the local police.

Police station/officer: _____

File number: _____ Date: _____

Were any other objects lost/stolen from you? Yes No

If so, please specify and list all missing objects, documents and bank cards.

Last use of mentioned credit card before the loss/theft?

Date: _____ Amount: _____ Merchant/Place: _____

Description of the circumstances of theft/loss. Use another piece of paper if necessary.

Are any damages covered by an insurance company? Yes No

Name of insurance company: _____

Date: _____ Signature: _____

PostFinance AG
Fraud Disputes
Flughofstrasse 35
Postfach
8152 Glattbrugg

Adress sheet

Please complete this section

Cardholder confirmation for the disputed transaction:

Last name: _____

Phone number (home): _____

First name: _____

Phone number (office): _____

Mobile phone: _____