

# VISA Credit Card Reimbursement Form

Please complete this form in **BLOCK CAPITALS** using black ink, and email to [claims@william-russell.com](mailto:claims@william-russell.com). You will need to complete a new form each time you submit a claim.

## Your personal details

Full name: .....

Plan number (if applicable): ..... Email: .....

Mobile number: ..... Home number: .....

## Credit card details

**I would like the reimbursement for my claim to be paid to the following VISA credit card:**

Please note we can only make payment to a VISA card. Settlement can be provided in US dollars, pounds sterling or Euros.

Currency in which you would like to be reimbursed:  US dollars  Pounds sterling  Euros

Card number: ..... Start date: ..... Expiry date: .....

Name as it appears on your card: .....

Address to which your card is registered: .....

.....

Name of claimant: .....

Signature of claimant: ..... Date .....

## Contact details

T +62 21 9067 9339  
E [enquiries@william-russell.co.id](mailto:enquiries@william-russell.co.id)  
[william-russell.com](http://william-russell.com)

## William Russell Team

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The international health insurance plans are insured and issued by PT Lippo General Insurance Tbk, a company registered & administered by Otoritas Jasa Keuangan. The plans are designed by William Russell Ltd, a company authorised & regulated in the UK by the FCA, reference number 309314.