

Claim notification to be sent to:
Chartis Europe S.A. Denmark
Kalvebod Brygge 45
DK-1560 København V
Phone +45 33 73 24 00
Fax +45 33 73 24 70
www.chartisinsurance.com



NOTIFICATION OF CLAIM – Auto Claims

When you fill out this claim form please consider that your information is the basis we have to handle your claim.

If we do not get the necessary information, we will need to ask you additional questions which might unfortunately delay the claim handling.

Therefore we kindly ask that you fill out the claim form by answering all the questions as adequate and detailed as possible and that you add any information not specified in the claim form, if you believe it to be relevant or should be emphasized.

Please call our claims department if you have questions or need advice.

Best regards
Chartis Europe S.A.

Claim notification to be sent to:
 Chartis Europe S.A. Denmark
 Kalvebod Brygge 45
 DK-1560 København V
 Phone +45 33 73 24 00
 Fax +45 33 73 24 70
 anmeldelse@chartisinsurance.com

| | |
|--------------------|---|
| Internal Claim no. | Claim no. (To be filled in by Chartis) |
|--------------------|---|



NOTIFICATION OF CLAIM – Auto Claims

INSURED

Please, bring a photocopy of this claim form to the garage and inform the garage that an assessor must be called in via Top Denmark.

| | | |
|----------------------------------|--|---------|
| Date of completion of claim form | Contact | |
| Phone | Meeting hours | |
| Policy no | Certificate no. | |
| Insured | | |
| Driving licence no. | Driver is <input type="checkbox"/> Borrower <input type="checkbox"/> Service mechanic <input type="checkbox"/> Employed at <input type="checkbox"/> Insured <input type="checkbox"/> Hirer <input type="checkbox"/> Other | |
| Drivers name | Occupation | |
| Address | Zip Code/City | |
| Phone | E-mail | |
| Vehicle make/model/colour | Date of first registration | Reg. no |

ACCIDENT

| | | |
|--|---|------------------------|
| Date | Time (0-24) | |
| Where did the accident happen? | | |
| Has a report been drawn up? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the driver subject to sobriety test? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of police station |

DESCRIPTION OF THE ACCIDENT

| | |
|---|--|
| How fast did the insured's vehicle drive in km/h | How fast did the third party's vehicle drive in km/h |
| State of the roads and weather? | |
| Detailed description. (Signals during change of direction of travel, use of lights, braking etc.) Did the accident happen in connection with your work? | |
| | |
| | |
| | |

DAMAGES TO OWN VEHICLE

| | | | |
|--|---|--------|----------------------------------|
| Detailed description of damages | | | |
| | | | |
| Are you subscriber to a salvage corps? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Which? | Estimated costs of repair in DKK |
| Where is the vehicle to be inspected? | | | |

WITNESSES

| | |
|---------|---------------|
| Name | Phone |
| Address | Zip Code/City |

THIRD PARTY/CLAIMANT

| | |
|---|---------------|
| Known <input type="checkbox"/> Yes <input type="checkbox"/> No | Name |
| Address | Zip Code/City |
| Phone | Reg. no |
| Insurance company | Policy no |
| Damages to third party's vehicle | |
| | |

PROPERTY DAMAGE

| | | | |
|--|---|---|--|
| Which items are damaged? Description of the damage(s)? | | | |
| | | | |
| Were the damaged items carried with the insured vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes – was the carriage in condition of paying? | <input type="checkbox"/> Yes <input type="checkbox"/> Noj |
| Who owns the damaged items? | | | |

BODILY INJURY

| | |
|--------------------------|---------------|
| Description of damage(s) | |
| | |
| Name | Phone |
| Address | Zip Code/City |

SIGNATURE

| | |
|---|---|
| Will further enclosures be sent (e.g. letters from claimant)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I certify that the information given is full and true | |
| Place and date | Signature |