CHARTIS

HOW TO GET EFFICIENT CLAIMS HANDLING:

For all claims, please provide the following:

- Policy number (Note, you do not need to provide this if you have insurance through your credit card)
- If you have insurance through your credit card, you must provide an account statement/printout
- Copy of travel documentation/ticket
- Description of the claim
- Copy of receipt/documentation for your expenses

For luggage claims:

- Report from distributor to verify possible cost of repair/replacement cost of item(s)
- Copy of police report for claims involving robbery/burglary/theft

For medical expense claims:

- Copy of doctor's certificate/medical report
- If you are claiming for trip curtailment compensation (loss of holiday), please provide a doctor's certificate from the doctor in situ.

For delays:

- Copy of report from the airline concerning the cause of the delay
- For delayed luggage claims please enclose the original "damage report" from the airline, and your original receipts for items purchased while your luggage was delayed

For cancellations:

- Copy of doctor's certificate
- Documentation showing, where possible, the amount refunded by the airline/travel agency

If you have any questions regarding the above please contact us on: skadekontoret@chartisinsurance.com
or telephone number +47 22 00 20 80.

Please send the claim form and attachments to:

skadekontoret@chartisinsurance.com

or

Chartis
v/Skadeavdelingen
Postboks 1588, Vika
0118 Oslo

Fax: +47 22 00 20 81

CHARTIS

CLAIM FORM - TRAVEL INSURANCE

USE BLOCK LETTERS OR FILL OUT ONLINE. ALL SECTIONS MUST BE FILLED OUT.

TYPE OF CLAIM

☐ Trip Cancellation ☐ Trip delay ☐ Luggage ☐ Sickness ☐ Accident ☐ Theft
Please fill in the section of the form that pertains to your claim

POLICYHOLDER/INSURED

Insured/Cardholder	Policy number
Credit card number (first 6 and last 4 digits)	

						X	X	X	X	X	X				

CLAIMANT

Claimant's full name	Date of birth/Norwegian social security number
Relation to policyholder	
Address	
City and postal code	Telephone number /Mobile number
E-mail address	
In the event of settlement, bank account number	

OTHER COVERAGE

Do you have another insurance that may also cover your claim? For example through your place of work, a union or through your spouse's travel insurance. You may be eligible for additional compensation. (E.g. policy excess, costs that exceed your insurance limit with Chartis).	☐ Yes ☐ No
Company's name:	
Policy/customer number:	
Have you submitted your claim to this company?	☐ Yes ☐ No
Please note that in accordance with Insurance Law § 8-1, paragraph 1, you are required to provide this information	

CHARTIS®

TRIP

Destination	Was this trip business related? ☐ Yes ☐ No	Was this trip leisure travel related? ☐ Yes ☐ No
Travel start date	Travel end date	
Employer's name		
Did you pay for the trip using a credit card that includes travel insurance? ☐ Yes ☐ No	If yes, please provide your credit card number (first 6 and last 4 digits) and the insurance company's name X X X X X X	

DAMAGE/LOSS OF PERSONAL EFFECTS, TRAVEL DOCUMENT AND MONEY RELATED CLAIM ONLY

Loss date and time	Loss location
Were valuables placed in a secure and locked area? ☐ Yes ☐ No	If yes, who had access to this facility?
Were the police, travel guide, airline, or tour operator notified of the loss? ☐ Yes ☐ No	If yes, to whom? (Please enclose original documentation of such notification)

How did the loss occur? It is important that you describe the event in your own words, and in as much detail as possible.

If insufficient space please attach separate sheet.

Witnesses

CHARTIS®

PLEASE SPECIFY WHAT ITEMS HAVE BEEN DAMAGED OR STOLEN

If insufficient space please attach separate sheet

ITEM (make and model)	Purchase price/year	Replacement value/Repair Costs
Items that are damaged, and for which this claim pertains to, must be kept by the insured in the event the insurance company needs to inspect the item to assess the damage. If possible, please attach original purchase receipts or other written documentation to verify and document the loss.		Total

BAGGAGE DELAY RELATED CLAIM ONLY

For baggage delay ☐ Departure ☐ Arrival	Date and time for receipt of luggage

Please specify expenses related to the baggage delay - if insufficient space please attach separate sheet

TRIP DELAY RELATED CLAIM ONLY

Originally scheduled departure	Actual departure

The reason for the delay

Please specify expenses related to the delay - if insufficient space please attach separate sheet.

CHARTIS®

TRIP CANCELLATION RELATED CLAIM ONLY

Travel booking date	Date of event that resulted in the cancellation
Reason for cancellation	
Full name of the injured party	Relationship to the Policyholder /Insured
Have you/the injured party suffered from a similar illness? ☐ Yes ☐ No	If yes, when - month/year
Please specify expenses related to the trip cancellation - if insufficient space please attach separate sheet	
Have you received any compensation from a travel agency, airline etc. ☐ Yes ☐ No	Amount received

ACCIDENT AND/OR ILLNESS RELATED CLAIM ONLY

Date of accident/illness		Date of medical treatment	
Where and how did the accident/illness occur - if insufficient space please attach separate sheet			
Hospital stay		Bed confinement as prescribed by a medical doctor	
from	to	from	to
Have you ever suffered from a similar illness? ☐ Yes ☐ No		If yes, when month/year	
Please specify expenses related to the illness/accident - if insufficient space please attach separate sheet.			

DECLARATION

I hereby declare that all information provided herein is correct and true. I hereby also authorize the insurance company to obtain necessary information with respect to the above mentioned claim. If we require a signed declaration or statement in respect to the claim, we will contact you later.	
Signature	Date

You can submit your claim online: The claim form will automatically be attached to an email when you click on the button to the right; «Send Form.» Please attach your documents together with the completed claim form. An opportunity to do this will appear after you click on "Send Form". You can also save the form and send it, and your documents as email attachments to skadekontoret@chartisinsurance.com.

Sende skjema

By providing your Personal Information to Chartis in connection with your insurance claim, you consent to the collection and processing (including use and the disclosure) of your Personal Information as stated in our Privacy Policy which is available at http://www.chartisinsurance.com/no-sikkerhet-og-personvern or can be sent to you upon written request. You are explicitly being informed that this Personal Information may be disclosed to or processed in countries outside Norway or the EU. To the extent that you provide Personal Information about any other individual, you certify that you have been permitted or are otherwise authorized thereto and that you have provided information to the individual about the content of Chartis Privacy Policy.

Chartis Europe S.A. | v/Skadeavdelingen | Postboks 1588 Vika | 0118 Oslo
Telefon: +47 22 00 20 80 | Faks: +47 22 00 20 81 | E-post: skadekontoret@chartisinsurance.com