

NOTIFICATION FORM OF TRAVEL LOSS

To speed up settlement, please enclose the following documents: proof of trip, original receipts, physician's certificate, in the event of theft a police report of the crime or the organizer's confirmation of the event and any other statements by witnesses. In case of insurance's purchase requirement (requirement that the whole trip or a part of it is paid with certain credit card), please enclose the document confirming the means of payment.

FILL IN ALL SECTIONS

Data on insurance	<input type="checkbox"/> I apply for compensation from travel insurance associated with credit card	Bank	Type of credit card (for example Visa Gold)
	<input type="checkbox"/> I apply for compensation from travel insurance purchased through airline or travel agency	Airline or travel agency	
	<input type="checkbox"/> I apply for compensation from travel insurance for members of union or community.	Union or community	
	<input type="checkbox"/> I apply for compensation from travel insurance purchased through travelguard.fi - service	Policy number	

Data on claimant's personal information	Name		Personal Identity Number		
	Street address		Postal code	City	
	E-mail address: may you be contacted by e-mail?		<input type="checkbox"/> Yes	Telephone number	
			<input type="checkbox"/> No		
Bank and account number			The owner of the account, if not claimant's?		

Data on loss event	Travel destination and route		
	Trip started (dd.mm.yy.) - ended (dd.mm.yy.)		Time of loss (date and time)
	The accident occurred during <input type="checkbox"/> Leisure time <input type="checkbox"/> Work time <input type="checkbox"/> Work trip		Are you insured in another company regarding this loss? <input type="checkbox"/> No <input type="checkbox"/> Yes, which company:
	Loss:		
	Trip cancellation/interruption <input type="checkbox"/>	Medical expenses <input type="checkbox"/>	
	Delay: flight/luggage <input type="checkbox"/>	Permanent disability due to accident <input type="checkbox"/>	
	Missed departure <input type="checkbox"/>	Accidental death <input type="checkbox"/>	
	Loss of luggage <input type="checkbox"/>	Legal expenses <input type="checkbox"/>	
	Liability <input type="checkbox"/>	Other loss event <input type="checkbox"/>	
	Short description of loss event		
<input type="checkbox"/> continues on separate sheet			

Claim amount	Claim amount € In case of lost luggage, please inform the place of purchase, the date of purchase and the price of purchase of the lost luggage.
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Signature	I declare that the information given in this notification is true and correct. For the purpose of handling this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons processing information about me and my state of health. The Insured hereby consents to Chartis Finland and /or their agents processing their personal data (including sensitive personal data) in accordance with the terms and conditions of the insurance policy for the purpose of administering the claims process and settling all rights and obligations for the period necessary under the policy. Place and time Claimant's signature
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