

**Chartis Vietnam Insurance Company Limited**Hanoi Head Office: Unit 5-01, 5<sup>th</sup> Floor, Hanoi Towers, 49 Hai Ba Trung, Hoan Kiem, Hanoi, VietnamHCM Branch Office: 9<sup>th</sup> Floor, Saigon Center, 65 Le Loi, District 1, HCMC, Vietnam

Customer Service Center: Ground Floor, Rosana Building, 60 Nguyen Dinh Chieu, District 1, HCMC, Vietnam

Tel: 848 3914 0065 | Fax: 848 3914 0067 | Email: [Vninfo@chartisinsurance.com](mailto:Vninfo@chartisinsurance.com)**CHARTIS**

<b>Please complete this Claim Form and submit <u>within thirty (30) days of the incident</u></b>		
Please direct the Claim Form and all correspondence to:		Customer Service Center Chartis Vietnam Insurance Co., Ltd Ground Floor, Rosana Building, 60 Nguyen Dinh Chieu, Dist 1, HCMC, Vietnam Tel: (84-8) 3910 4488 Fax: (84-8) 3824 6717
<b><u>NOTICE OF CLAIM</u></b> <b>JETCOVER</b>		
Insured Person's Name: <b>Ms/Mr/Mrs/Mdm</b>	Jetstar Booking Ref No: _____	Telephone No: _____ Email address: _____
Residential Address:	Insurance Policy No: _____	Fax No: _____
Place where incident, loss or illness occurred:	Insurance Plan (tick whichever applicable): <input type="checkbox"/> JetCover <b>One Way</b> Travel Insurance <input type="checkbox"/> JetCover <b>Round Trip</b> Travel Insurance	Occupation: _____
Full description of sickness or accident	Date of Birth: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Occurrence: _____ Time: _____
Was your travel itinerary changed? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>Yes</b> , please state:  Original Departure and Return Date: _____  Actual Departure and Return Date: _____	Are there any other policies of insurance in force covering you in respect of this event? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>Yes</b> , please specify: _____	
<b>(A) PERSONAL ACCIDENT/SICKNESS</b> <b>Medical and Additional Expenses / Permanent Disability / Accidental Death</b> (Please attach medical documents and receipts)		
Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify: _____		
Provide Name and Address of your usual attending physician:		
Net amount claimed		
<b>(B) TRIP CANCELLATION</b>		
Original Flight/ At Date :	Original Departure Time:	
Ticket Purchasing date :	Date cancelled:	

Why 's the trip cancelled					
Amount Claimed					
<b>(C) BAGGAGE &amp; PERSONAL EFFECTS/ LOST OF TRAVEL DOCUMENTS</b> - Please furnish Police report, Jetstar Asia's report or reports from relevant authorities & Original purchase receipts and warranty cards (where applicable), cost of replacement travel documents... )					
Name of Police Station, Jetstar or other authorities where Report was lodged					
<b>Baggage and Personal Effects</b>					
Item	Description	When And Where Purchased	Original Cost Price	Depreciation for Wear And Tear	Amount Claimed
<b>(D) FLIGHT DELAY</b>					
<b>Original Flight Details:</b>			<b>Delayed Flight Details:</b>		
Date:			Date:		
Scheduled Departure Time:			Actual Departure Time:		
Place of Departure:			Place of Departure:		
Flight No:			Flight No:		
Numbers of hours delayed:					
<b>(E) BAGGAGE DELAY</b>					
<b>Flight Details</b>			<b>Delayed Baggage Collection</b>		
Arrival Date :			ReceivedDate:		
Arrival Time:			Time:		
Place of Arrival:			Place:		
Flight No:					
Number of hours delayed :					
<b>(F) TRAVEL MISCONNECTION</b>					
Flight Detail		Original Connecting Flight		Alternative Flight	
		Carrier&Flight No		Carrier&Flight No	

Fight No:		
Estimated Date/Time of arrival	Date/Time of Departure	Date/Time of Departure
<b>PAYMENT INFORMATION</b>		
<b>Total Claim amount</b>	<input type="checkbox"/> <b>Bank transfer</b> <span style="float: right;"><input type="checkbox"/> Cash</span>	
	Account No (-VND : .....	
	Bank name and address .....	
	Beneficiary .....	

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements to suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the Chartis Vietnam Insurance Company Ltd. , or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A duplicated copy of this authorization shall be considered as effective as the original.

\_\_\_\_\_  
**Claimant's Name / Date**  
 (if different from Insured Person)

\_\_\_\_\_  
**Claimant's Signature / Date**

## **B) CHECKLIST OF SUPPORTING DOCUMENTS FOR THE CLAIM**

### **COMPULSORY DOCUMENTS FOR ALL CLAIMS**

1. Notice of Claim
2. Boarding passes
3. Jetstar Flight Itinerary

### **OTHER SUPPORTING DOCUMENTS FOR EACH BENEFIT**

<b>Coverage</b>	<b>Documents</b>
<b>Personal Accident</b>	<ul style="list-style-type: none"> <li>❖ Original medical report on the sustained injury.</li> <li>❖ Original medical specialist's report on sustained Permanent Disability.</li> <li>❖ Toxicology Report (where applicable)</li> <li>❖ Photograph of insured (in amputation cases)</li> <li>❖ Police report on the alleged accident.</li> <li>❖ Death certificate, burial permit and post mortem report.</li> </ul>
<b>Emergency Medical Evacuation &amp; Repatriation</b> (in the event of death)	<ul style="list-style-type: none"> <li>❖ Arranged by <b>Travel Guard</b>. The Insured Person/ Travel Companion must notify <b>Travel Guard</b> for the arrangement of the Medical Evacuation and Repatriation.</li> </ul>
<b>Accident &amp; Medical Reimbursement</b>	<ul style="list-style-type: none"> <li>❖ Medical report from the treating doctor.</li> <li>❖ Original medical receipts and invoices.</li> <li>❖ Police report (where applicable)</li> </ul>
<b>Trip Cancellation</b> (reimbursement for cost of flight if insured person satisfies the terms and conditions stated in JetCover Travel Insurance.)	<ul style="list-style-type: none"> <li>❖ Medical report and/or Death Certificate of the Insured Person or the immediate family member.</li> <li>❖ Proof of relationship between the Insured Person and the immediate family member.</li> <li>❖ Booking invoice from Jetstar.</li> </ul>
<b>Baggage &amp; Personal Effects</b> (cover loss or damage to baggage, clothing, personal effects, golfing equipment – caused by Jetstar)	<ul style="list-style-type: none"> <li>❖ Property Irregularity Report (for checked in baggage).</li> <li>❖ Police report/reports from relevant authorities.</li> <li>❖ Letter of confirmation from Jetstar confirming the loss occurred while riding, boarding or alighting from the Insured's Common Carrier company arranged by Jetstar as scheduled in the air ticket or any mode of transportation in substitution thereof as arranged by the Insured (Jetstar).</li> <li>❖ Letter of Confirmation from Jetstar of any amount compensated to Insured Person for the loss.</li> <li>❖ Original purchase receipts &amp; warranty cards (where applicable) for the items claimed.</li> <li>❖ Photograph of the damaged item and the original receipt and quotation for the repair.</li> </ul>
<b>Baggage Delay</b>	<ul style="list-style-type: none"> <li>❖ Travel Itinerary</li> <li>❖ Property Irregularity Report (for checked in baggage).</li> <li>❖ Receipt of Acknowledgement on returned baggage</li> </ul>
<b>Travel Document Loss</b>	<ul style="list-style-type: none"> <li>❖ Police Report</li> <li>❖ Original receipts for obtaining replacement of passport, visa or air ticket.</li> </ul>

**And any other documents as the Company may require and shall be in such form and of such nature as the Company may prescribe.**