

HOW TO LODGE A CLAIM WITH CHARTIS SOUTH AFRICA LIMITED

Claims are lodged in different ways, depending on the nature of the claim. A completed claim form that has been signed by the Insured Person, copies of the airline ticket, the Policy Receipt or Schedule, and other items that may be necessary, are required on all claims together with the following documents for the different types of losses.

1. Death and Disability

- Medical Reports.
- Death Certificate indicating cause of Death.
- Inquest, post mortem reports and Death Certificate
- Police report and/or Accident report if Death is due to an accident. The police station and reference number if Death is the subject of criminal investigation.
- Claim Notification Period for this section will be 365 days.

2. Senior Personal Injury

- Medical Report.
- Police Report in case of an Accident
- Claim Notification period for this section will be 90 days.

3. Emergency Medical Expenses

You must immediately contact Travel Guard. Payment of medical bills will be made directly to the supplier by Travel Guard.

Emergency Medical Assistance Number = +44 1273 739 274

- All bills to be submitted with claims.
- If illness is possibly pre-existing then the Insured Person is to supply his or her normal Medical Practitioners report stating what treatment was received prior to the commencement of the Insured journey.
- Name of the Medical Practitioner as well as his/her address and telephone number.
- Claim notification period for this section will be 30 days.

4. Inconvenience Cover (Baggage Loss or Baggage Delay)

Purchase necessary items (as per definition), retain slips and claim directly from Chartis South Africa Limited on your return to South Africa.

- Insured person must obtain Passenger/Property irregularity report from the relevant carrier, in order to substantiate the claim.
- Policy Report to be submitted if loss is due to theft.
- Receipts of emergency clothing and toiletries purchased, to be submitted.
- Claim Notification period for this section will be 30 days.

5. Cancellation or Curtailment

- Relevant Medical Certificates or Death Certificates in the case of Death.
- Original air-tickets or Insured Journey documents.
- Proof of deposits not recoverable.
- Policy Reports in case of accidents or hijack.
- Proof of material loss.
- Claim Notification period for this section will be 30 days.

6. Will Chartis South Africa Limited accept Faxed Copies

Yes. Please email your claim forms to satransportclaims@chartisinsurance.com

You may also fax claim forms through for processing. However, Chartis South Africa Limited do reserve the right to request the original documents if necessary.



0860 002526
insurance@fraudline.co.za

Claims Compliance Checklist

Please be advised that submitting the requested documentation is precedent to the Underwriter accepting liability.

1 Specific Requirements	<input type="checkbox"/>	1 Completed Claim Forms 2 Copy of Airline Tickets 3 Travel Insurance Certificate 4 Banking Verification (Copy of cancelled Cheque or Bank Statement)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 Medical & Related Claims	<input type="checkbox"/>	Accident 1 Police / Accident Report 2 Detailed Medical Report 3 Invoices/ Receipts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	Illness 1 Diagnosis 2 Detailed Medical Report 3 Medical Report - Local - 12 Month History 4 Invoices/ Receipts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Cancellation / Curtailment Claims	<input type="checkbox"/>	1 Proof of Payments 2 Proof of Additional Costs 3 Cancellation Fees / Penalties	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 Baggage / Travel Delay	<input type="checkbox"/>	1 Authority / Airline Report (PIR) 2 Compensation / Settlement Advices 3 Delivery Receipt 4 Receipts / Invoices for Costs Incurred	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 Baggage Damage / Loss / Theft	<input type="checkbox"/>	1 Police / Authority / Airline Report (PIR) 2 Settlement Advices from Carrier 3 Delivery Receipt 4 Replacement Quotes / Receipts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 Cash / Documents / Valuables	<input type="checkbox"/>	1 Valuation Certificates - Jewellery 2 Police / Authority / Airline Report (PIR) 3 Replacement Quotes / Receipts 4 Foreign Exchange Receipts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TRAVEL CLAIM FORM

Chartis South Africa Limited
P.O Box 31983
Braamfontein 2017
SA Share Call Tel: 0860 104 146
Tel: +2711 551 8533
Fax: +2711 551 8290
Email: SATravelClaims@chartisinsurance.com

NOTES	TYPE OF CLAIM
<ol style="list-style-type: none"> For all claims, please complete SECTION 1 and SECTION 8. All supporting documentation MUST be submitted together with this form in order to avoid unnecessary delays. For all claims relating to LOSS or THEFT, please provide a carrier and/or police report. Please supply a copy of your POLICY RECEIPT. Please supply a copy of your AIR TICKET. 	<input type="checkbox"/> Death/Personal Accident <input type="checkbox"/> Medical <input type="checkbox"/> Travel Delay <input type="checkbox"/> Baggage/Cash/Documents <input type="checkbox"/> Cancellation & Curtailment <input type="checkbox"/> Personal Liability

SECTION 1 – INSURED PERSON	
Card No / Policy Receipt No	
Surname:	
First Names:	Age:
Postal Address:	
Code:	
E-mail Address:	
Tel. No. Business: ()	Tel. No. Residence: ()
ID No:	Travel Date: / /20 to / /20
1. Date of Accidental Death/Illness/Injury/Loss/Theft	
2. Place of Accidental Death/Illness/Injury/Loss/Theft	
3. How did you pay for your Air Ticket? CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Please supply a copy of your air ticket	
Bank:	Card No:

SECTION 2 – DEATH/PERSONAL ACCIDENT
Description of Accident:
The following documentation is required in order to substantiate your claim:
1. Certified copies of the abridged and final death certificate
2. A certified copy of the Post Mortem Report
3. A certified copy of the FULL Inquest Report including all witness statements pertaining thereto
4. The police accident report if death was due to a motor accident
5. The police station and reference number if death is the subject of a criminal investigation
6. Copies of any newspaper clippings, eye-witness statements or incident reports that may be available

SECTION 3 – MEDICAL CLAIMS	
1. Did you consult a Medical Practitioner?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Practitioner:	
Tel. No.: ()	
Were you hospitalised as an inpatient?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Detailed Diagnosis:	
2. Have you ever received treatment for this or a related illness?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please supply Medical Practitioner's report stating what treatment received prior to the commencement of your journey.	
Please supply name and telephone number of your normal Medical Practitioner.	
3. Have you notified Chartis Travel Assist of your claim?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, when and where?	
If NO, give reasons why not:	

SECTION 4 – BAGGAGE, CASH AND TRAVEL DOCUMENTS	
1. Describe how the Delay/Loss/Theft/Damage occurred:	
2. Carrier/Police to whom Loss/Theft/Damage reported:	
When and where:	
If NOT reported, give reason why not:	
3. Are you the sole owner of the goods Lost/Stolen/Damaged?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. In respect of Baggage that is Lost/Stolen/Damaged by an Air Carrier, have you lodged a claim with the respective Air Carrier?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please state where and at which office:	
Have you received compensation from the Air Carrier?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please state the amount compensated: R	
5. Name of Short Term All Risks Insurers:	
Policy Number:	
Are you claiming from the above named?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 6 – TRAVEL DELAY	
1. Nature of delay:	
2. Date and time of delay:	
3. Duration of delay:	
4. In the event of Strike/Derangement of the aircraft or sea vessel:	
	Where did the Strike/Derangement take place?
	Duration of Strike/Derangement:
	(Letter from Carrier confirming Strike/Derangement is required)
5. Did you receive any form of Compensation or Alternative Travel Arrangements from the Carrier?	
	Please give details:

SECTION 7 – PERSONAL LIABILITY	
1. Nature of claim, please give full details:	
2. Please supply copies of all correspondence, summons, notice of intent to take legal action, etc	

SECTION 8 – ELECTRONIC FUNDS TRANSFER, DECLARATION AND AUTHORITY	
Account Number:	
Account Holder's Name:	
Name of Bank:	
Type of Account:	
Branch Name:	
Branch Code:	

Attach confirmation of banking details (Copy of cancelled cheque or bank statement)

DECLARATION AND AUTHORITY

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written authority for the Company to inspect or investigate any Medical Records or Details relevant to this claim. I/We further declare that I am/we are aware that any misrepresentation and/or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Signed: _____ Date _____ 20 _____

