

## CLAIM FORM - CARD INSURANCE

**Important notice:**

1. The issue and acceptance of this Form by the insurance company is not an admission of policy liability on the part of Chartis
2. The Declarer must read and understand fully the requirement before completing the form. Chartis can deny or reduce the compensation if there is misstatement in the content declared

**PARTICULARS OF POLICYHOLDER/INSURED :**

Name of Bank: ..... Policy Number: .....  
Name of Cardholder: ..... Card Number: .....  
Address: .....  
Tel: ..... Fax: ..... Email: .....  
Mobile: .....

Please check this box if you would like to opt out of receiving notifications regarding your application and/or policy via SMS?

I am making a claim for the following (v)

- ATM assault and robbery
- Personal Trip Liability protection
- Personal trip effect coverage
- Purchase protection / lost wallet
- Home protection while you are away
- Enhanced Fraudulent Protection

**PAYMENT INFORMATION (Please transfer settlement to my bank account)**

Name: .....  
Account number (VND): .....  
Bank name: .....  
Bank IFS Code: .....  
Bank address: .....

*Note:*

In case of claims related to Enhanced Fraudulent Protection: I authorize ACB to get the reimbursement amount from the insurer (if any) and within twenty [20] days after, ACB shall return me this reimbursement amount in full.

**PARTICULARS OF OCCURRENCE:**

Date of accident / loss ..... Time of accident / loss .....  
Place of accident / loss.....  
Description of Accident/ loss .....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Name and contact number of witness: .....  
.....

Time and date the loss was reported to Card Issuer (Bank): .....

Time and date the loss was reported to Police: .....

Name and address of the police station where report was logged: .....

When was the loss or damage discovered and by whom? .....

.....  
**DETAILS OF LOSS OR DAMAGE**

If it is **ATM assault and robbery** how much money was robbed .....

In which note:     VND 50,000     VND 100,000     VND 200,000     VND 500,000     Foreign currency

Is there any injury as result of ATM assault:..... Amount of first aid medical expense incurred: .....

If it is **Purchase Protection, Lost wallet and or personal effects lost**, please describe in detail:  
 (with original purchase receipts)

Description of Article/ Items damaged/lost	Date of purchase	Purchase Price	Place of purchase (Name and address of shop)

If it is **Personal Trip Effect coverage, Personal Trip Liability Protection, Home Protection while you are away:**

Was the trip purchased by card payment: ..... When (date and time)? .....

Duration of the trip : .....

Is it is third party claim, name of the third party: .....

Address of third party .....

Brief description of nature & extent of damage / injury : .....

.....  
 .....

If it is Enhanced Fraudulent Protection: .....

When was it first discovered that your card is lost or stolen and by whom : .....

Details of unauthorized charges (amount/ date / time and nature of charges, etc.) .....

.....  
 .....

How do you think it was unauthorized? Please state the reason .....

.....  
 .....

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 of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

Date .....

.....  
 Name & Signature of Insured

ID Number .....