



## CLAIM NOTIFICATION FORM

Complete and submit your personalised claim form and supporting documents to  
ZA.MRNE.FNOL.EMEA@aig.com and we will get started with your claim.

If any are not applicable, please add N/A

The issue of this form does not constitute an admission of liability under the policy.

### Policy and Insured Information

Insured Name:		AIG policy number:	
Contact number:		Email address:	
Business address:			
		Postal Code	

### Broker Information

Do you have a broker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If no don't complete the below)
Brokerage name:		Brokerage branch:	
Broker's name:		Broker's contact number:	
Broker's email:			
Broker's policy number:		Broker's claim number:	

### Claimant Information

Is the claimant the same as the insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please complete the below:		
Company name:		Contact Number:

### Ship Information

Condition of ship:	New <input type="checkbox"/>	Refurbished <input type="checkbox"/>	Returned Goods <input type="checkbox"/>	Second Hand <input type="checkbox"/>
Are the goods in transit fruits/vegetables?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Type of shipment:	Export <input type="checkbox"/>	Import <input type="checkbox"/>	Inland Transit <input type="checkbox"/>	General Average <input type="checkbox"/>
Was this shipment, inland or export/import?	Inland <input type="checkbox"/>		Export / Import <input type="checkbox"/>	
Bill of landing number:		Bill of landing date:		
Conveyance name (name of the vessel / ship):			Voyage number:	
Voyage (from):		Voyage (to):		
Is this an annual or declaration/insurance certificate shipment?	Annual <input type="checkbox"/>	Declaration/insurance <input type="checkbox"/>		



## Incident Information

Provide us with the date of the loss:		Provide us with the date of discovery:	
Brief description of the loss /incident including details of damages / injuries			
Address where goods can be surveyed:			
		Postal Code	
Estimated value of loss / damage:		Insured value of consignment:	

To ensure prompt handling of your claim, please submit supporting documents for this claim.

\* Based on the merits of your claim we could require additional information.

<b>Declaration:</b>
I/We solemnly declare that I/we have suffered loss or damage to the property as noted on this form and that is said property was in my/our possession immediately prior to the loss/damage which occurred as per the circumstances described in this form. <input type="checkbox"/>

<b>Privacy policy:</b>
By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependent's). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes including across border transfer. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website, <a href="https://www.aig.co.za/privacy-policy">https://www.aig.co.za/privacy-policy</a> . This Privacy Policy describes how we handle Personal Information that we collect both through this website (the "Site") and through other means (for example, from your application and claim forms, telephone calls, e-mails and other communications with us, as well as from claim investigators, medical professionals, witnesses or other third parties involved in our business dealings with you). <input type="checkbox"/>

Signature:		Date:	
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