



CLAIM NOTIFICATION FORM

Complete and submit your personalised claim form and supporting documents to
ZA.AUTO.FNOL.EMEA@aig.com and we will get started with your claim.
Please complete the relevant sections. 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:	
Email address:		Contact number:	
Home 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:

Driver Details

Driver Name:		Driver Surname:	
Driver's license number:		Identification Number:	

Vehicle Details

Vehicle make:		Vehicle Model:	
Vehicle registration number:		Vehicle Year:	
VIN (vehicle identification number):		Engine number:	
Vehicle colour:		Vehicle Year:	
Select the purpose for which the vehicle was used:	Personal <input type="checkbox"/>		Business <input type="checkbox"/>
Is the vehicle financed?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If Yes, please provide the following information:			
Finance company name:			Finance company contact details:

Damage description

What is the claim for?	Accident <input type="checkbox"/>	Theft/Hijacking <input type="checkbox"/>	Windscreen <input type="checkbox"/>	Hail/Storm Damage <input type="checkbox"/>
Provide us with the date and time of loss:				
Loss location:				
Please provide your police case number?				
What is the approximate value of the total claim?				
Is the vehicle drivable?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Provide us with the current location of vehicle:				



With as much detail as possible, tell us what happened.:

Statement of stolen or damaged items:

Name of the item:	Value of the item:	Make, Manufacturer, Type:	Serial number:

3rd party vehicles and drivers

Was there any other vehicle involved?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3rd party driver's name:		3rd party driver's surname:	
3rd party driver's license number:		3rd party mobile number:	
3rd party identification number:			
Was there damage to property other than your own?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner name:		Owner surname:	
Owner's mobile number:			
Provide us with the owner's address:			
Were there any independent eyewitnesses that were not a passenger/s in your vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyewitness name:		Eyewitness surname:	
Eyewitness contact number:		Eyewitness email:	

To ensure prompt handling of your claim, please submit the relevant documents as per the below list.

- Photos of the Damages
- Driver's License
- Copy of Vehicle Registration Certificate

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

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Declaration:

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.

Privacy policy:

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, <https://www.aig.co.za/privacy-policy>. 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).

Signature:

Date: