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Dear Sir / Madam

So that we may process your claim as quickly as possible please ensure that you fully complete and sign all the relevant sections and return it to us with the documentation outlined below. Please note that should you require any original documents returned, you must request this in writing within 90 days of submitting your claim. Only electronic copies of your documents will be stored after this time.

For all claims:

- Flight or travel documents showing your booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.

For Personal Accident claims:

- Witnesses or third party details involved in the incident.
- A fully detailed account of the circumstances leading to the accident and the injury sustained.
- Completion, in full, of the attached "Access to Medical Records" release of information form.

For Personal Liability claims:

- Witnesses or third party details involved in the incident.
- A fully detailed account of the circumstances leading to the damage or injury of the 3rd party.
- Details of any solicitor you have instructed (please note we are able to provide legal representation on your behalf).
- All correspondence received from any 3rd party or their representatives, this must be unanswered.

When we receive your claim submission, we will assess it and correspond with you further in due course.

Yours faithfully

Travel Claims Department

*Calls may be recorded and may be monitored.

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Title		Home address			
Surname					
Forenames					
Date of birth					
Occupation		Postcode		Mob. No	
Nationality		Home tel.		Work tel	
SA ID No.		Email			

Policy & Claim details

Policy number					
Policy Name					
Date issued					
Policy start date		Policy end date			
Date the loss occurred		Number of insured travellers			

Please advise the section(s) of the policy you are making the claim under:

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Total amount claimed

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Travel details

Booking reference					
Tour operator					
Booking Date					
Departure date		Return date			
Total days		No. in party			
Destination country					
Destination city					

Electronic Funds Transfer details

You should ensure that your payment details are correct on this form. We shall not be responsible for any incorrect payments or delays arising as a result of the provision of incorrect information. We cannot accept responsibility for the security of the information on this form until it is received by us. We recommend you provide a cancelled cheque to confirm your account details.

Name of the account holder															
Name of the bank															
Address of the bank:															
Branch Code:															
Account Number:															
SWIFT / BIC Code:															

Personal accident or personal liability expenses

Claim Ref:

Do you hold other insurance that may also cover you for the above circumstances? E.g household, bank, motor or employers liability YES NO

NB. (A contribution payment is normal practise where 2 policies cover the same loss, this will not affect any no claims discount on that policy)

b. If YES, please supply the following details:

Company name	<input type="text"/>		
Address	<input type="text"/>		
Contact number	<input type="text"/>	Policy number	<input type="text"/>

Personal liability Only applicable for claims where a 3rd party is claiming damages/compensation from you

Which of the following are you being held liable for:

Damaging or losing someone else's property	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Injuring someone	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have you instructed solicitors to represent you at this time? YES NO

if YES, please provide their name and contact details

Name	<input type="text"/>	Contact details	<input type="text"/>
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Please describe the circumstances which caused you to claim under any of this section:

Personal accident Only applicable for claims where a sudden, unexpected and specific event, external to the body, occurs at an identifiable time and place

Which permanent disability is being claimed for?

Loss of limb	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permanent loss by physical separation at or above the wrist or ankle or permanent and total loss of use of a limb
Loss of life	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Loss of life as a result of sudden, unexpected and specific event external to the body
Permanent total disablement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inability to continue in any occupation
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Please consult your policy wording to determine whether there are other categories you may claim against

Please describe the circumstances which caused you to claim under any of this section:

Declaration and Authority.

Claim Ref:

HOW WE USE YOUR PERSONAL INFORMATION

We are committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition or criminal conviction, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence. You therefore specifically consent that we may disclose this information to any other party who has direct interest in it.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

We are committed to safeguarding your privacy and the confidentiality of your personal information. You can find the details of our Privacy Policy on our website (http://www.aig.co.za/za-privacy_917_216452.html).

CLAIMS DECLARATION

I / we give permission for my / our personal information to be used and shared in the ways described above.

I / we confirm that I / we will not provide any personal information about another person without that person's permission, and that where a claim is made on behalf of that person, I / we have their explicit authority to act and receive any payment on their behalf.

I / we declare that all the information given in respect of the claim(s) is to the best of my / our knowledge and belief, full, true and correct, and that no material information has been omitted which would affect the assessment of the claim(s) by the insurer(s).

I / we understand that if I / we give information that is incorrect or incomplete you and / or the insurer(s) may take action against me / us, including court action.

I / we know it is a CRIMINAL offence to defraud, or attempt to defraud an insurer and that by doing so I / we may be prosecuted.

I / we give my / our authority to you to contact my / our household insurers, medical insurers, Government or other insurers / third parties regarding a contribution.

In the event of a medical related claim I/we give my/our authority to contact and obtain information from my/our GP, Doctor, Hospital or other medical facility or practitioner.

I / we have read and fully understand the declarations above (ALL persons claiming must sign below).

Signature: _____

Name: _____

Date _____