Claim Report

Travel Insurance Report Form

The provision of this form by AIG is not an admission of liability or acceptance by AIG of your claim.

All questions in this section must be answered

Name of Traveller ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Occupation: Date of Birth

Full Policy No. or Policy Name Period of Journey to

For prompt settlement please attach original or photostat copy of Insurance Certificate

Address:

Telephone - Home: [ ] Business: [ ]

Telephone - Mobile:

Email Address:

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen? ☐ Yes ☐ No

If Yes, then please supply your Social Security Number

Did you use a credit card to purchase your travel (eg; flights, accommodation, tours)? ☐ Yes ☐ No

If yes please complete the following

Name on Credit Card

Name of Financial Institution

Card Type: ☐ Visa ☐ MasterCard ☐ Diners ☐ Amex

Card Level: ☐ Gold ☐ Platinum ☐ Other

Total cost of all travel arrangements $

Cost of air fares only $

Amount charged on credit card $

GST (Only applies if your policy was purchased for business purposes)

1. Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? ☐ Yes ☐ No
2. If YES, what percentage of the GST did you claim, or are you intending to claim? Insured ITC %

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If claiming under a corporate travel policy the following section is to be completed by an authorised officer of the insured company.

1. Name of Insured Company

2. Traveller's relationship to Insured Company

3. Did the loss occur whilst on Authorised Business Travel? ☐ Yes ☐ No
   Was an air trip involved in the travel? ☐ Yes ☐ No

4. Details of journey: Departure Date From To
   Return Date

Signed

Position Held

Information Authority and Warranty

I,

hereby authorise any hospital, physician or other person who has attended me, or my employer or my accountant to furnish AIG or its representatives with:

(i) All copy hospital and medical reports/notes;

(ii) All copy employment records and income tax returns; and

(iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

(iv) The completion of all documentation and forms as required by my Insurer.

I agree that a photostat copy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that AIG relies upon the truthfulness of the particulars supplied by me in respect of the claim.

Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, and maintain and improve customer service. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

I also declare that I have:

(1) * No other travel insurance with any Insurance Company.

(2) * Travel insurance with (Name of insurance company).

** Please delete whichever is not applicable*

Signed

Date

Claim Report

This form must be fully completed in the sections applicable to your claim and signed.

Section 1 – Luggage and Personal Effects

Give full details of how loss damage or theft occurred: (Detail each event)

Date of occurrence | Time | ☐ am ☐ pm

Date of loss reported | Time | ☐ am ☐ pm

Loss reported to | Name

Address

Were articles lost by Carrier (e.g. Airline) ☐ Yes ☐ No Name

Have you yet lodged a claim or complaint against any Carrier/Airline or other authority or against any individual responsible for the loss or damage to your property? If so, give details and attach copies of correspondence

NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first

Airline:	Claim No.

Are any of the items covered by other Insurance? ☐ Yes ☐ No If Yes – which Company?

Were all the missing articles your property? ☐ Yes ☐ No If not, who is owner?

Description and size of suitcase in which missing goods carried

Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Date of Purchase	Purchase Price	Deduction for Deprec.	Amount Claimed	Remarks

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

1. Report or letter from Authority (e.g. Police, Airline) regarding the loss, where available.
2. Proof of purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Card Vouchers, etc.)

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT? ☐ Yes ☐ No
2. Name the account is held in:
3. BSB number (6 digits in total) Financial institution account number (up to 9 digits only)

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial Institution: Branch:

Section 2 – Medical Expenses or Cash in Hospital

Type of Injury or Sickness Date of Accident or Commencement of Sickness

Injury – Give full details of Accident

Date of First Medical Consultation Name of Doctor or Hospital

Details of other treatment by Doctors/Hospital

Dates in Hospital Admitted ☐ am ☐ pm Discharged ☐ am ☐ pm

Have you ever suffered from the same or a similar complaint in the past? ☐ Yes ☐ No If yes, give details, dates, etc.

Are you a member of a Private Health Insurance Fund e.g. Medibank? ☐ Yes ☐ No Name of Fund

N.B. If you are a member of a Private Health Fund you must claim from that fund before submitting this claim.

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Original Doctor's/Hospital accounts and receipts together with statements from Medicare and Private Health funds.
2. Original Doctor's Certificate.

*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 3 – Cancellation/Additional Expenses

What was the reason you could not commence your proposed journey or complete the return flight?

Was the cancellation as a result of Injury/Sickness to yourself? ☐ Yes ☐ No

Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy? ☐ Yes ☐ No

If so

Name	Address	Relationship	Age

Nature of complaint preventing travel

Date of first Medical Treatment

Has the Injured/Sick person had a similar condition in the past? ☐ Yes ☐ No

Name and address of Patient's normal Doctor

Name

Address

Date you advised Travel Agent to cancel bookings

Amount of Deposit paid and date paid $ Date

Balance of Full Fare and date paid $ Date

Total paid $

Refund received on cancellation $

Full amount being claimed $ (excluding Insurance Premium)

Were any alternative arrangements offered or made (Give details)

Were any additional fares incurred as a result of cancellation (Give details)

(Complete this section for additional expenses)

Reason for incurring additional expenses or forfeiting travel or Accommodation expenses

Section 3 – (Continued) Cancellation/Additional Expenses

Details of expenses incurred

	A$
	A$
	A$
	A$
Total	A$

Were these expenses incurred as a result of Injury or Sickness as claimed on previous page? ☐ Yes ☐ No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of cause, name, address and age of person.

Cause
Name & Details

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Original Receipts and/or Tickets relating to additional expenses incurred.
2. Proof of cause i.e. Original Doctor's/Hospital's Certificate relating to Injured or Sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Section 4 – Personal Money

1. Which Police were advised? State Police Station and attach copy report if available

   Date Notified _____ To Whom _____

2. Description of the incident

   Details of claim

Section 5 – Personal Liability

Bodily Injury – Provide relevant details – Name and address of Injured Party and details of injury

Name

Address

Details of Injury

Damage to Property – List all Property Damage together with Name and Address of Party claiming damage against you

Is the Injury or Damage related to a travelling companion? ☐ Yes ☐ No

Do you consider you were at fault? (If so, why) ☐ Yes ☐ No

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

Letters or Demands of a claim made on you

* Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

Please submit your claim form and supporting documents to:
AIG Claims Dept.
GPO Box 4363, Melbourne, VIC 3001

Email: austclaims@aig.com
Facsmile: 61 (3) 9522 4974 Telephone: 1800 339 663

Alternatively you may choose to lodge your claim on-line at:
www.aig.com.au
(click on the Claims Tab)

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD