AIG South Africa Limited
Sandown Mews West, 88 Stella Street, Sandown, 2196
PO Box 31983, Braamfontein 2017
Tel: +27 11 525 3101
Fax: +27 11 5518 290
Email: SAtravelclaims@AIG.com
www.AIG.com

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.
- Original receipts for all expenses incurred, please number the receipts and put the number in the column headed 'Receipt No.' when completing the claims form.
- Medical reports detailing the diagnosis and treatment received.
- Receipt showing the appropriate excess has been paid (if you have not paid your excess then your claim will be reduced by the excess amount set out in the terms of your policy or you may have to pay your excess directly to us).

If you incurred additional accommodation and travel expenses:
(Additional accommodation and travel should have been pre-approved by the 24/7 Emergency Medical Assistance Company before costs were incurred. If you have not had pre-authorisation for these costs then you must submit an explanation as to why).

- Receipts for the additional accommodation expenses.
- Receipts for the additional travel expenses.

If this claim is being submitted on behalf of a deceased insured:

- Death certificate and a copy of the grant of probate/letters of administration.

If your claim is as a result of an injury:

- Details of the circumstances which caused the accident.
- If a third party was involved please provide the name and address of the third party and their insurance details if known.
- In the event that you are pursuing a claim for damages against a third party please provide the name and address of any appointed solicitor and their reference number.

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.

Travel ClaimsDepartment
Email: SAtravelclaims@AIG.com
AIG South Africa Ltd, P.O. Box 31983, Braamfontein 2017

Claim Ref:

Date Sent:

Submit Reset

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:

Total amount claimed

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 bank account details.

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

Medical emergency and associated expenses

Claim Ref:

1. Date and time the illness or injury occurred. / / :

2. Was the medical Assistance company contacted? YES NO

if NO, please explain reason for not contacting the assistance company then move to question 4:

2a. Assistance case reference No.:

3. Date admitted / / **Discharged** / /

Please outline the ILLNESS or INJURYwhich gave rise to the medical claim:

4. If your medical claim was a result of an INJURY:

Was a third party involved? YES NO

If YES, please provide their name, address and their insurance/solicitors details:

5. If your medical claim was a result of an ILLNESS:

Have you ever suffered from this illness before? YES NO

If YES, please provide details.

6. Hospital/Clinic details.

Name.		Telephone.	
Address.		Fax.	
		Treating Doctor.	
		Patient Number.	

7. Medical and associated expenses. Please number all your receipts and reference that number in the column labelled "Receipt No" in the table below.

We will use an exchange based on the monthly average for that currency unless you provide bank statements or Bureau de Change receipts showing the exchange rate used by you at the time.

Please submit your receipt confirming the appropriate excess has been paid. If you have not paid your excess then your claim will be reduced by the excess amount set out in the terms of your policy.

Receipt No.	Date	Description	Invoiced from	Currency	Amount	Exch rate	Paid Y/N
	/ /						
	/ /						
	/ /						
	/ /						
	/ /						
	/ /						

8. Medical Aid details:

PLEASE NOTE: Where 2 policies cover the same loss it is normal practice for both insurers to share the cost. Please therefore provide details of your Medical Aid in the boxes below

Name of Product		Policy Number	
Address.		Contact Phone number	

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** _____

Submit Reset