



CLAIM NOTIFICATION FORM

Complete and submit your personalised claim form and supporting documents to
ZA.PROP.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:		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:	

Incident Details

Did the incident involve damage or theft?	Damage <input type="checkbox"/>	Theft <input type="checkbox"/>
Provide us with the date and time of loss:		
At which address did the loss take place: (if not the same as Business Address, please complete the below)		
Address:		
	Postal Code	
Please provide your police case number in the event of theft?		
What is the approximate value of the total claim?		

Describe how the incident happened:

