



## CLAIM NOTIFICATION FORM

Complete and submit your personalised claim form and supporting documents to [ZA.ACCH.FNOL.EMEA@aig.com](mailto:ZA.ACCH.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:	
Contact number:		Identification number:	
Email address:			
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:	

### Incident Details

Provide us with the date and time of the incident:		Date and time of first medical attention given by medical practitioner:	
Are you claiming for cancer or critical illness?	Cancer <input type="checkbox"/>		Critical Illness <input type="checkbox"/>

### Critical Illness

Diagnosis:		Diagnosis date:	
Have you ever been diagnosed with the above indicated illness before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Cancer

Diagnosis:		Diagnosis date:	
Has an operation date has been set?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify the operation date if known:			
Please confirm if cancer or any abnormal cytocide considered malignant in any part of your body has been diagnosed ever before:			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide below information			
Place of the previous diagnosis		Date of the previous diagnosis:	

### Additional information:

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We will require the below documents as part of your claim submission,

- Copy of Insured ID

Based on the merits of your claim we may also require the following information,

- Medical Report
- Diagnostic Results Confirming Illness

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: