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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 original booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.

**For travel delay:**

- Written confirmation from the airline of the cause and length of the delay you experienced. This needs to confirm the original and revised travel arrangements.

**For trip abandonment:**

- Written confirmation from the airline of the cause and length of the delay you experienced. This needs to confirm the original and actual scheduled dates and times of departure.
- Flight or travel documents showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.
- Accommodation and excursion booking invoices showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.
- Cancellation invoices for each portion of your trip / holiday. For example flights, accommodation and excursions. These cancellation invoices should show the portion of the trip / holiday abandoned or not used and detailing the amount you have been charged for abandoning or confirming no refund has been provided. Your trip booking agent / travel agent may be in a position to provide you with these cancellation invoices for insurance purposes.

**For missed departure:**

- A letter from the public transport provider or highways agency confirming the reason and length of the delay you experienced, or a letter from a mechanic stating the reason for your personal vehicle breaking down on the way to your departure point.
- Original receipts for expenses incurred in purchasing a ticket for an alternative journey, please number the receipts and put the number in the column headed 'Ref No.' when completing the claims form.
- Proof of extra travel and accommodation such as invoices and tickets.

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.

Title	<input type="text"/>	Home address	<input type="text"/>		
Surname	<input type="text"/>		<input type="text"/>		
Forenames	<input type="text"/>		<input type="text"/>		
Date of birth	<input type="text"/>		<input type="text"/>		
Occupation	<input type="text"/>	Postcode	<input type="text"/>	Mob. No	<input type="text"/>
Nationality	<input type="text"/>	Home tel.	<input type="text"/>	Work tel	<input type="text"/>
SA ID No.	<input type="text"/>	Email	<input type="text"/>		

**Policy & Claim details**

Policy number	<input type="text"/>				
Policy Name	<input type="text"/>				
Date issued	<input type="text"/>				
Policy start date	<input type="text"/>	Policy end date	<input type="text"/>		
Date the loss occurred	<input type="text"/>	Number of insured travellers	<input type="text"/>		

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

Total amount claimed

**Travel details**

Booking reference	<input type="text"/>				
Tour operator	<input type="text"/>				
Booking Date	<input type="text"/>				
Departure date	<input type="text"/>	Return date	<input type="text"/>		
Total days	<input type="text"/>	No. in party	<input type="text"/>		
Destination country	<input type="text"/>				
Destination city	<input type="text"/>				

**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.

Name of the account holder	<input type="text"/>
Name of the bank	<input type="text"/>
Address of the bank:	<input type="text"/>
Branch Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SWIFT / BIC Code:	<input type="text"/>

# Travel delay / Missed departure / Abandonment

Claim Ref:

Are the expenses insured by any other policy you have? E.g travel agent issued, bank account or credit card policy?

YES

NO

PLEASE NOTE: Where 2 policies cover the same loss it is normal practise for both insurers to share the cost. This will not affect any no claims discount or premium for that policy.

If YES, please supply the following details:

Insurer name

Insurer address

Policy number

Telephone number

Details of any previous claims made on an alternative travel insurance policy for similar circumstances.

Have these insurers been notified?

YES

NO

If yes, give details and the claim reference number below:

## Travel delay claims

NB: This section provides a set benefit payment only and does not cover incidental expenses incurred as a result of delay.

<b>Scheduled departure</b>	Airport / Ferry port etc <input type="text"/>	Date <input type="text"/>	Departure time <input type="text"/>	Arrival time <input type="text"/>
<b>Actual departure</b>	Airport / Ferry port etc <input type="text"/>	Date <input type="text"/>	Departure time <input type="text"/>	Arrival time <input type="text"/>
Length of delay (hours and minutes).	<input type="text"/>	Name of transport carrier: <input type="text"/>		

Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay:

## Delay leading to trip abandonment

Please complete if you abandoned your trip as a result of the delay.

<b>Scheduled departure</b>	Airport / Ferry port etc <input type="text"/>	Date <input type="text"/>	Departure time <input type="text"/>
<b>Next available departure as advised by the airline / ferry company etc?</b>		Date <input type="text"/>	Departure time <input type="text"/>

Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay:

	Amount paid	Refund due or paid	
Ticket costs	<input type="text"/>	<input type="text"/>	
Accommodation costs	<input type="text"/>	<input type="text"/>	
Pre-paid excursions / hire car / parking	<input type="text"/>	<input type="text"/>	
<b>Total</b>	<input type="text"/>	- <input type="text"/>	= <input type="text"/> <b>Total amount claimed</b>

## Missed departure claims

Method of transportation used to get to your international departure point  Place where your initial or final international departure point was?

Time you left your home address or resort if on your return journey  Time of your scheduled check-in for international departure.  Exactly how long were you delayed? In hours and minutes

Please give details of the incident leading to your missed departure, continue on a separate sheet if necessary.

Please provide details of the additional accomodation and transport expenses incurred below (use a separate sheet if required).

Ref No.	Date	Description of item	Receipt / Invoice from	Amount	Currency
	/ /				
	/ /				
	/ /				
Total Amount Claimed					

## 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](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** \_\_\_\_\_