AIG South Africa Limited
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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 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 cancelled or not used and detailing the amount you have been charged for cancelling 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.

If you are cancelling on medical grounds, including death:

- The attached medical certificate completed by the registered General Practitioner/Practice of the person whose medical condition has given rise to this claim. Please note the cost of completing this document is not covered by your insurance.
- A certified copy of the death certificate. Please note the death certificate will be returned to you without the need to request it.
- If the deceased was an insured person, we will require a copy, only, of the grant of probate/letters of administration issued in respect of the deceased's estate.

If you are cancelling as a result of a 3rd party incident:

- 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.

If cancellation is for reasons other than those detailed in the points above please forward independent evidence confirming the incident or circumstances which resulted in your claim.

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:

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.

Name of the account holder

Name of the bank

Address of the bank:

Branch Code:

Account Number:

SWIFT / BIC Code:

Cancellation

Claim Ref:

Reason for cancellation - please tick ONE box only

Death ☐	Illness ☐	Injury ☐	Non medical ☐

Date and time you became aware of the need to cancel your trip: / /

Date and time you informed your travel agent or tour operator: / /

Did you need to cancel as a result of a person NOT booked to travel with you? YES NO

If YES, please state their name and relationship to you.

Name: Relationship:

Details of trip costs and refunds due or paid (continue on a separate sheet if necessary).

	Amount Paid		Refund due or paid		Total amount claimed
Ticket costs					
Accommodation costs					
Pre-paid excursions / hire car / parking					
Total		-		=	

Details of all those cancelling (continue on a separate sheet if necessary).

Name	Relationship	Date of birth	Insured on this policy?
		/ /	YES / NO
		/ /	YES / NO
		/ /	YES / NO
		/ /	YES / NO
		/ /	YES / NO

Please detail the reasons for cancellation below (continue on a separate sheet if necessary).

Was a 3rd party involved? YES NO

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

Medical Certificate

Claim Ref:

This form is to be completed by the registered General Practitioner (GP) of the person whose illness/injury/death has caused the claim.

Note - Any charge made for its completion is the responsibility of the patient or claimant.

- Please answer all questions. Ticks, dashes, "N/A" are not acceptable. Please complete in CAPITALS.

- All information is treated as private and confidential.

DATE TRIP WAS BOOKED:

Name of the patient:

Date of birth:

How long have you been the patients GP?

Give full description of illness or injury that caused the cancellation:

Onset date of symptoms:

Date first consulted:

Date of diagnosis:

In date order, please advise any previous medical history relevant to the above condition.

At the time that the trip was booked, was the person receiving, or on a waiting list for, or recovering from in-patient treatment in a hospital/nursing home? YES NO

If YES, Please provide details:

At the time the journey was booked was the patient

On a hospital waiting list?	YES	NO	
Taking any medication relevant to the above condition?	YES	NO	
Undergoing any tests or waiting for results of any tests?	YES	NO	
Aware of the condition?	YES	NO	
Given a terminal diagnosis?	YES	NO	

If cancellation has occurred due to a pregnancy related condition, please describe the condition and why the pregnancy necessitates cancellation:

Date pregnancy confirmed:..

E.D.D:.................................

What date did it became apparent that the travel arrangements should be cancelled?

What date did you advise there was a need to cancel the travel arrangements?

When would they be fit to travel again?

(ii) Has the patient been signed off work? YES NO From To

Please provide the patient's state of health at the time the holiday was purchased:

Was the patient's medical condition stable and under control at the time of booking? YES NO

GP DECLARATION

I have examined the patient and/or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.

GP Name:

Contact number:

GP Signature:

Date Signed:

Surgery Stamp

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** ____________