

## **Claim Form**



Please answer all questions as fully as possible, and attach additional material if necessary.

1. Insured Details					
Name of Insured					
Address					
Telephone Number					
Relevant contact person:					
Email address					
2. Policy No					
Policy Number					
	of the claim which has been made, or of the circumstances you wish to notify. If correspondance has ion to the claim, please attach copies.				
	esponse to the claim including your advice as to whether any other person or entity has contributed to ch have given rise to the claim.				

## **Claim Form**



## **Privacy Notice**

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties
  or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

## Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

3. Declaration and consent  I declare on behalf of the abovenamed insured that the information contained herein is true and correct to the best of my knowledge.				
Name	Please Print			
Position held	Please Print		Signature	
Date	/ /			

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD

AIG

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