

Claim Ref

Date

Title	<input type="text"/>	Address	<input type="text"/>		
First Name	<input type="text"/>		<input type="text"/>		
Surname	<input type="text"/>		<input type="text"/>		
Date of Birth	<input type="text"/>		<input type="text"/>		
Occupation	<input type="text"/>	Post Code	<input type="text"/>	Mob.	<input type="text"/>
Nationality	<input type="text"/>	Telephone	<input type="text"/>	Work.	<input type="text"/>
ID Number	<input type="text"/>	Email	<input type="text"/>		

Policy Information

Policy Number	<input type="text"/>				
Name of policy	<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"/>	Currency of the account:	<input type="text"/>		
IBAN / Account Number:	<input type="text"/>									
SWIFT / BIC Code:	<input type="text"/>									

Personal Possessions, Baggage Delay and Money, page 1.

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When did the loss, theft or damage occur?

Date & time the loss, theft or damage was discovered. / / :

Date, time and to whom the incident was reported:

Reported to: eg police, airline, cruise company etc Date / / Time :

NB: If an airline was in possession of your baggage when the loss occurred, please ensure you contact them directly to log the incident. If you have not registered the loss with the airline, your claim may be delayed.

Reports attached? YES NO If NO, why

If your items were in the custody of the airline please complete the following:

Flight number Date reported to the airline customer service dept. / /
 Property Irregularity Report (PIR) No. Airline customer service number

Did you receive any compensation from the airline/ferry company etc? YES NO If YES, please detail what compensation or cash settlement amount was received

Please detail the circumstances surrounding the incident and the precautions taken to protect your property.

Where were the items located at the time of the loss, theft or damage?

Please detail the actions you took to attempt to recover your property?

Please complete for baggage delay claims

(a) Date and time of your arrival in resort. / / :
 (b) Date and time you received your luggage. / / :
 (c) Total length of delay in HOURS & MINUTES :

Baggage delay claims only - detail the essential items purchased due to the delay (continue on a separate sheet if necessary).

No.	Owners name	Description of item	Date of purchase	Cost	Currency
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Personal possessions, baggage delay and money, page 2.

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IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS: THE VALUE OF ITEMS CLAIMED FOR IS CALCULATED BASED ON THE VALUE OF THE PROPERTY AT THE TIME IT WAS LOST, STOLEN OR DAMAGED. A DEDUCTION WILL BE MADE FOR WEAR, TEAR AND LOSS OF VALUE DEPENDING ON THE AGE OF THE PROPERTY.

Please complete the sections below that are relevant to your claim - BLOCK CAPITALS PLEASE

Details of damaged, stolen, destroyed or lost personal possessions(continue on a separate sheet if necessary).

Please provide full details of each item claimed for. (For cameras give make and model number, lens details etc. for watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided wherever possible.

Description of item	Owners name	Place of purchase	Date acquired	Purchase method	Purchase price
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Details of damaged, stolen, destroyed or lost money (continue on a separate sheet if necessary).

Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided.

Owner of currency	Amount of cash & travellers cheques taken on trip			Amount of cash lost or stolen during the trip	
	Travellers cheques	Cash	Currency	Cash	Currency

Loss of passport claims only - detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).

Owners name	Expiry date of original passport		Date	Cost	Currency
		Travel	/ /		
		Accommodation	/ /		
		Additional	/ /		
		Total expenses			

Other Insurance Details

Are the items insured by any other policy you have? Such as a travel agent, bank account or credit card policy?

YES	NO
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Do you or the home you reside in have a household contents insurance policy in place?

YES	NO
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PLEASE NOTE: Where 2 policies cover the same loss it is normal practise for both insurers to share the cost.

If YES, state the details of your household contents insurance

Insurer name		Policy number	
Insurer address		Telephone number	
		Policy Holders Name	

Please provide details of any previous claims made on a household or travel insurance policy for similar circumstances.

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Has the other insurer been notified?

YES	NO
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If yes, please provide details and/or case reference number:

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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.ke/za-Privacy_916_216924.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 _____