



CLAIMSFORM

Business Travel Insurance

General Data

Policy Holder:

Policy number:

Certificate:

Insured data

Initials:

Last name:

Date of birth:

Address:

Zip Code:

City/town:

E-mail address:

Telephone:

Profession:

Reimbursement

- Insured
- Policy holder
- Intermediary
- Other: _____

Details beneficiary

Name:

IBAN Account Number:

BIC/SWIFT Code:



Description of loss

Intended duration of Journey/Stay:	
Destination of travel:	
Was the travel Business or Private?	
Has the loss been reported to AIG Travel?	<input type="radio"/> Yes, ref.: <input type="radio"/> No
Have you claimed travel loss previously?	<input type="radio"/> Yes, ref.: <input type="radio"/> No
Date of loss	
Location:	
Description of circumstances:	

Type of loss

<input type="radio"/> Personal effects and/or Business equipment	fill out fields 1 and 5
<input type="radio"/> Accident, Illness or Medical expenses	fill out fields 2 and 3
<input type="radio"/> Cancellation or travel/baggage Delay	fill out fields 4 and 5



1. Damage to personal effects/business equipment

Are you insured elsewhere against this damage or loss?	<input type="radio"/> Yes, company and policy number: <input type="radio"/> No
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Damage

Can the damage be repaired? <i>Please enclose repair bill</i>	<input type="radio"/> Yes <input type="radio"/> No
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Theft/Loss

What efforts have been made to recover the stolen/lost items? <i>Please enclose purchase receipts</i>	
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Have you reported the incident at local authorities? <i>Please enclose official police report</i>	<input type="radio"/> Yes, at _____ <input type="radio"/> No, because:
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Have you received any kind of compensation for the lost/stolen/damaged luggage?	<input type="radio"/> Yes, amount: <input type="radio"/> No
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Which party do you consider liable for the damage?	<input type="radio"/> Yes, details: <input type="radio"/> None
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Proceed to 5

2. Accident, illness or medical expenses

What is the nature of the injury/illness?	
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When and by who was first medical assistance provided?	
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Is there a risk of permanent disability?	<input type="radio"/> Yes <input type="radio"/> No
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Have you previously suffered from the same complaints prior to the travel?	<input type="radio"/> Yes, details attending physician: <input type="radio"/> No
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Are you insured elsewhere against medical expenses?	Company: Town: Policy:
What is the current deductible amount of your health insurance?	
Have you claimed these expenses at your health insurer? <i>Please enclose declaration overview</i>	<input type="radio"/> Yes <input type="radio"/> No

Proceed to 3

3. Specification medical expenses

Please enclose invoices

Amount	Type	Are these expenses paid?	Have these expenses been claimed at your health insurer?
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

4. Cancellation and travel/baggage delay

What is the reason of cancellation/delay of the travel? <i>Please enclose relevant documents</i>	
What is the date of cancellation/delay?	
What total costs are associated with the cancellation/delay? <i>Please enclose invoices</i>	

Proceed to 5



5. Specification of costs

Please number attachments corresponding with specified item

Item	Purchase price	Date of purchase	Location	Repair costs

The undersigned declares:

- The questions have been answered to the best of their knowledge, to be accurate, in accordance with the truth and not to have concealed any information relating to this claim;
- To be aware of the stipulation that any right to benefit may lapse with an untrue statement;
- To have knowledge of the contents of this form.

At: _____ On: _____

Signature: _____

**Personal Data**

Your personal data (hereinafter the 'data') will be collected and processed by AIG Europe, Netherlands, located at the address above (hereinafter 'AIG') in accordance with the Code of Conduct for the processing of personal data by financial institutions ('Code of Conduct'). AIG is the controller responsible for the processing of these data and the processing is notified to the Personal Data Protection Commission. The data will be processed for the purpose of the use of the services provided by AIG, including risk assessment, contract management, claims handling and crime prevention (such as fraud) as well as to allow AIG to fulfill its legal obligations. In connection with AIG's activities and for the purpose of good service, AIG may transfer these data to other companies of the group of companies it belongs to, to subcontractors or to partners. These companies, subcontractors or partners may be located in countries outside the European Economic Area that do not necessarily offer the same level of protection as The Netherlands. With regard to these transfers, AIG will take precautionary measures to ensure the protection of data in these countries as well as possible. According to the Code of Conduct, you are entitled to access, amend or oppose (for a reasonable cause) to the processing of data related to you. To exercise these rights, you can contact AIG at any time in writing at the address above. For further information on the mechanisms for processing your data by AIG, you will find AIG's complete Global Privacy policy on <http://www.aig.com/nl-privacybeleid>

CIS Foundation

In order to ensure a responsible acceptance, risk and fraud policy we may check your (personal) data and have it recorded in the CIS Foundation, Bordewijklaan 2, 2591 XR The Hague, PO Box 124, 3700 AC Zeist. The purpose of processing personal data in CIS is to detect the abuse of financial products and services of insurers, preventing, combating and controlling risks to the fullest extent. For more information, see www.stichtingcis.nl.