



AIG Europe, Netherlands
 Crystal Building B,
 Rivium Boulevard 216-218
 2909 LK Capelle aan den IJssel

Postbus 8606, 3009 AP
 ROTTERDAM

Claim Form Travelguard Business Travel Insurance

GENERAL DATA

Policy holder : _____
 Policy number : _____
 Certificate : _____

INSURED DATA

Last name : _____
 Initials : _____
 Gender : Male Female
 Date of birth : _____
 Address : _____
 Zip Code : _____
 City/town : _____
 Telephone : _____
 E-mail address : _____
 Profession : _____

REIMBURSEMENT

Insured
 Policy holder
 Intermediary
 Other: _____

DETAILS BENEFICIARY

Name : _____
 IBAN Account Number : _____
 BIC/SWIFT Code : _____

DESCRIPTION OF LOSS

Intended duration of Journey/Stay : From: _____ To: _____
 Destination of travel : _____
 Was the travel Business or Private? : _____
 Has the loss been reported to AIG Travel? : No Yes,ref.: _____
 Have you claimed travel loss previously? : No Yes,ref.: _____
 Date of loss : _____
 Location : _____
 Description of circumstances : _____

TYPE OF LOSS

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

AIG Europe S.A. is an insurance undertaking incorporated under the laws of Luxembourg with R.C.S. Luxembourg number B218806. AIG Europe S.A. has its head office at 35D Avenue J.F. Kennedy, L-1855 Luxembourg and has VAT registration number LU30100608. <http://www.aig.lu/>
 AIG Europe S.A. is a non-life insurer authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances.
 The Dutch branch of AIG Europe S.A., also trading under its tradename AIG Europe, Netherlands, has its registered branch office at Chrystal Building B, Rivium Boulevard 216, (2909 LK) Capelle a/d IJssel. Chamber of Commerce number: 71305491 Correspondence address: AIG Europe, Netherlands, Postbus 8606, 3009 AP Rotterdam, Tel: (+31) (0)10 453 5455, VAT number: 852096161B0,
 Bank account: NL09 ABNA 0254 0195 36 BIC: ABNANL2A.



1. DAMAGE TO PERSONAL EFFECTS/BUSINESS EQUIPMENT

Are you insured elsewhere against this damage or loss? : No Yes , Company: _____
Policy number: _____

A. Damage

Can the damage be repaired?

Please enclose repair bill

: No Yes

B. Theft/Loss

What efforts have been made to recover the
stolen/Lost items?

please enclose purchase receipts

: _____

Have you reported the incident at local authorities?

Yes, at: _____

Please enclose official police report

No, because:

Have you received any kind of compensation for the
lost/stolen/damaged luggage?

No Yes ,amount: _____

Which party do you consider liable for the damage?

None Yes, details:

Proceed to 5

2. ACCIDENT, ILLNESS OR MEDICAL EXPENSES

What is the nature of the injury/illness? : _____

When and by who was first medical assistance provided? : _____

Is there a risk of permanent disability?

Yes No

Have you previously suffered from the same complaints
prior to the travel?

No Yes, details attending physician:

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? No Yes, *please enclose declaration overview*

Proceed to 3



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3. SPECIFICATION MEDICAL EXPENSES

Please enclose invoices

Amount	Type	Are these expenses paid?		Have these expenses been claimed at your health insurer?	
		Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No

4. CANCELLATION AND TRAVEL/BAGGAGE DELAY

What is the reason of cancellation/delay of the travel? : _____
 Please enclose relevant documents _____

What is the date of cancellation/delay? : _____

What total costs are associated with the cancellation/ delay? Please enclose invoices : _____

Proceed to 5

5. SPECIFICATION OF COSTS

Item	Purchase price	Date of purchase	Location	Repair costs
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Please number attachments corresponding with specified item

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: _____

Please send the signed form to e-mail Claims.nl@AIG.com

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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.