

CLAIM FORM FOR ACCIDENT INSURANCE

Instructions

- 1. Please ensure this form is completed in all parts applicable to your claim. Failure to do so may delay the processing of your claim.
- 2. Send the form to: AIG Europe, Netherlands, Attn: Claims Department, P.O. box 8606, 3009 AP ROTTERDAM / THE NETHERLANDS. Or by email: claims.nl@aig.com
- 3. In case of a fatal accident, please contact AIG Europe, Netherlands as soon as possible.

Name of company Policy number	: :
Information of claimant	
Initials	:
Last name	:
	: male/female*
Address	:
Zip code	:
City/town	:
Date of birth	:
Telephone	:
Bank account number	:
Iban code	:
Bic code	:
Tax and social insurance number	:
E-mail address	:
Personal Accident:	
Date of accident	:/
Time	:am/pm.
Place (street name if possible) where the accident took place	:



Description:	
When was first-aid given	
and by whom?	:
Please describe the facts and circumstances	:
involved (if necessary, please supply a diagram	
of the situation and/or an explanation	
on a separate sheet)	
Medical information	
<u>Medical information</u>	
State as fully as possible what injuries you have suffered or the nature of your sickness?	:
have suffered of the nature of your stekness:	
Is there a risk of permanent disability?	: □ Yes □ No
Have you been confined to hospital?	: □ Yes □ No
If yes, during which period?	From// to// (inclusive)
If applicable, were any personal possessions lost as the	
result of admission to the hospital?	: □ Yes □ No
If so, what?	. I les I No
ii so, what:	-
Are you still receiving regular medical treatments or	
examinations?	: □ Yes □ No
If so, specify name of doctor(s) and specialties	:
if so, specify name of doctor(s) and specialities	
Expected duration of the treatment? (estimated)	:



Space for further explanation	<u>s:</u>			
				_
<u>Declaration</u>				
The undersigned hereby decla				
knowledge, correctly and tru	athfully and has	not withheld an	y particulars r	elating to this
claim.				
<u>Signature</u>				
At	Date _	/	/	
Signature of policyholder:				

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.