

Commercial General Claim Form



www.AIG.com.sg

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Please note that information you provide in this claim form will be used for the purposes of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds. If you wish for us to update any of your information in our records, please contact our Customer Care Consultants at 6419 3000, between Mondays to Fridays, 9am to 5pm. Alternatively, you may send us an email via www.aig.com/sg/contactus.

The acceptance of this Form is NOT an admission of liability on the part of the Company.

Particulars Of Policyholder/Insured

Name	Tel No (Office)	Tel No (Fax)
Address		
Is your company Gst Registered? : <input type="checkbox"/> Yes <input type="checkbox"/> No Gst Registration No.: _____	Email Address & contact person:	
Insurance Policy No.	Type of Policy (please specify)	
Type of Incident: <input type="checkbox"/> Fire <input type="checkbox"/> Water Damage <input type="checkbox"/> Burglary <input type="checkbox"/> Plate Glass <input type="checkbox"/> Machinery Breakdown <input type="checkbox"/> Liability <input type="checkbox"/> Others, please specify _____		
For Burglary: Was there forcible entry into the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Description Of Incident *(Please Attach A Copy Of The Police Report, SCDF Report Or Service Report To This Form)

Date	Time	Place
Explain exactly how it happened?		

Details Of Loss Or Damage To Insured Property*(Please Attach Photographs Of Damaged Property To This Form.)

When was the loss or damage discovered and by Whom?					
Description of Articles/Property damaged/lost *(Please submit original purchase invoice)	When was it purchased	Original purchase price	Original repair invoice for damaged items	Original purchase invoice for replacement of items	Amount Claimed

Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state name, address, contact no and relationship _____
Are there any other Policies of insurance in force covering you in respect of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Policy No _____ Type of Policy _____ Insurance Company _____
Are there any eye witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state names, NRIC/Passport No, address and contact no. _____
Has there been a previous occurrence in these premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the preventive measures that were taken to prevent a recurrence _____

Third Party Claims Details

a) Please give particulars of person(s) responsible for the loss/damage/injury.
b) Please provide details of the owner of the damaged property, the description of the damaged property and the extent of damage.
c) If it's a personal injury matter, please provide details of person (s) injured and the injuries sustained:
d) Is the Injured person (s) a US Citizen? if Yes, please provide us their Social Security Number.
e) Please give us particulars of eye witness (es), if any.
f) Has a claim been made upon you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, by whom and for what amount? _____

I/We declare that I/we have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim. I/We agree to the conditions set out at the beginning of this claim form.

I, HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG Asia Pacific Insurance Pte. Ltd. ("AIG"), I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information as follows:

- (a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to:
- (i) process and administer this insurance claim;
 - (ii) assess, investigate, adjust and make a decision on this claim;
 - (iii) administer my insurance policy (including pursuing recovery from reinsurers or other parties);
 - (iv) deal with disputes and complaints,
 - (v) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes;
 - (vi) respond to requests from the policyholder;
 - (vii) carry out due diligence or other screening activities (including background check(s)) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by AIG;
 - (viii) compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
 - (ix) manage AIG's infrastructure and business operations; and
 - (x) for other purposes stated in AIG's Data Privacy Policy.
- (b) AIG may transfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above:
- (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim;
 - (ii) AIG's agents;
 - (iii) brokers, my authorised agents or representatives or next-of-kin;
 - (iv) the policyholder;
 - (v) legal process participants and their advisors;
 - (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums;
 - (vii) other financial institutions for the purpose of administering this claim, obtaining policy payments;
 - (viii) loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors;
 - (ix) another member of the AIG group (for all of the purposes stated in (a)) in any country; or
 - (x) other parties referred to in AIG's Data Privacy Policy for the purposes stated therein.

Note: The full version of AIG's Data Privacy Policy can be found at http://www.aig.com.sg/sg-privacy_1030_237853.html.

Date _____ Signed here _____
(Company's Stamp, if applicable)

Particulars of Agent

Name:	Email:	Contact No.
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