

# Personal Lines 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](http://www.aig.com/sg/contactus).

## Particulars Of Policyholder/Insured

Name		Email Address
Tel No. (Office)	(HP No.)	(Residence)
Address		Nationality : Social Security No. (For US Citizen) :
Occupation	Policy No.	Expiry Date

## Description Of Incident (Please attach a copy of the police report, incident report where applicable.)

Date	Time	Place
Country of occurrence: <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others, please specify _____		
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	Deduction for wear and tear	Amount claimed	Remarks
Are you the sole owner of the property/article lost or damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please state name, address, contact no and relationship _____					
Are there any other Policy of Insurance in force covering you in respect of this event? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state: Name of Insurance Co. _____					
Policy No.		Type of Policy			
Are there any eye witnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state names, NRIC/Passport No, address and contact no. _____					
Name of Police Station/Post the incident was reported to					

## Details Of 'Hole-in-one' Achievement (Golfers' Insurance Only)

When did you strike the Hole-In-One?	At which regulation golf course was this Hole-In-One achieved? <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Others, please specify _____
Give Name and Contact No. of the officer you have informed immediately of this achievement	
*(Please submit letter from the golf club certifying the achievement, Hole-In-One Certificate and bills/receipts in support of your claim.)	

## Third Party Claims Details

Describe the property that was damaged	
State nature and extent of the damage	
Name, Address and Contact No. of the owner of the property damaged	
Approximate value of the property damaged	Estimated cost of repairs to rectify the damage
How was the owner related to you? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Not related in any way <input type="checkbox"/> Others, please specify _____	

### DETAILS OF PERSONS INJURED

Give details of all persons injured				
Name/Address/Contact No.	Occupation	Relationship	Age	Nature of Injuries/Remarks

Has any claim been made upon you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, by whom and for what amount _____
Have you admitted responsibility in any way? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please furnish particulars _____

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 from the policy by any fraud or wilful misrepresentation. The information shown on this form is true and accurate and that I/we have not withheld 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;
  - (x) verify and update my No Claims Discount ("NCD") and
  - (xi) 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 and for NCD verification and update;
- (viii) loss adjustors, 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](http://www.aig.com.sg/sg-privacy_1030_237853.html).

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Date

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Signed here

**Particulars of Agent**

Name:	Email:	Contact No.
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AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building 78 Shenton Way #07-16 Singapore 079120  
Tel: 6419 3000  
Co. Reg. No. 201009404M

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