

TRIP GUARD FOR BRF

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

Required documents – For all travel claims please submit air tickets and boarding pass. We reserve the right to request for additional information. To enable us to process your claim expeditiously, please return the duly completed Claim Form with supporting documents.

Please mail the claim form and all correspondence to:
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.”

General Information

Document required - For all travel claims, please submit air tickets and boarding pass.

*Policyholder: or Claimant (if it differs from the above):		*Insurance Policy No:	
		*Nationality: Social Security No. (For US Citizen)	
Address:		*Occupation:	*Date of Birth:
		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Telephone / Mobile No:	Email Address:	Travel companion(s) is/are insured Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide details:	
GST Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> Registered No:	Purpose of Trip Business <input type="checkbox"/> Vacation <input type="checkbox"/>		
Place where incident, loss or illness:		Time:	Date:
Are there any other Policies of insurance in force covering you in respect of this event? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please specify:			
Description of the incident , loss or illness:			
Was your travel itinerary changed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please state:			
Original Departure and Return Date: _____		Actual Departure and Return Date: _____	

(A) PERSONAL ACCIDENT/ILLNESS – MEDICAL AND ADDITIONAL EXPENSES

Documents required - original medical receipts and copy of discharge summary or available medical report

Have you suffered this illness or injury or similar condition or a recurrence of a previous illness or injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please specify:
State amount claimed:

Give name and address of your usual attending Doctor:

(B) LUGGAGE & PERSONAL EFFECTS
Documents required - Police Report and original purchase receipts and/or warranty cards

Location of police station, name of airlines/carrier or other authorities where report is lodged

Give Details of amount claimed

Item	Description	When and where purchased	Original purchase price	Depreciation for wear and tear	Amount Claimed

(D) TRAVEL DELAY
Documents required - letter from Airline/Carrier stating the reason and duration of delay

Original Details		Delayed Details	
Date:	Time:	Date:	Time:
Place of Departure:		Place of Departure:	
Transport No:		Transport No:	
Service Provider:		Service Provider:	

(E) BAGGAGE DELAY
Documents required - Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airlines

Flight Details		Collection of Delayed Baggage	
Arrival Date:	Arrival Time:	Date:	Time:
Place of Departure:		Place of collection:	
Transport No:			
Service Provider:			

(F) OTHERS

In respect of any other claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such details, please attach another page.

Declaration

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.

If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein. I authorise any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, any and all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

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") and/or its service providers, 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 and/or its service providers, as set out in the contents of the consent clause below and the individual agrees and consents, that AIG and/or its service providers 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 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.

Date _____ Signed here _____
(Claimant)

Date _____ Signed here _____
(Policyholder)

CHECKLIST OF SUPPORTING DOCUMENTS FOR THE CLAIM

COMPULSORY DOCUMENTS FOR ALL CLAIMS

1. Notice of Claim
2. Boarding passes
3. Travel Itinerary
4. Photocopy of Passport

Please complete the Travel Claim Form and submit with the following relevant documents. Please note that we reserve our rights to request for any other supporting documents.

Medical Expenses	<ul style="list-style-type: none"> - Original Medical Bills & receipts. - Medical Report/Inpatient Discharge Summary - Copy of passport/itinerary
Personal Accident	<ul style="list-style-type: none"> - Death Certificate - Medical Report - Autopsy & Toxicology Report - Police report & findings
Personal Liability	<ul style="list-style-type: none"> - Do not admit liability or make any offer, promise or payment without prior consent. Submit all correspondence/ documents from third parties for our handling

LOSSES AND DELAY

And any other documents as the Company may require and shall be in such form and of such nature as the Company may prescribe.

Baggage Delay	<ul style="list-style-type: none"> - Property irregularity Report - Air Ticket/Service Provider and acknowledgement receipt on baggage received
Baggage Loss/ Damage	<ul style="list-style-type: none"> - Property irregularity Report/ Police/ Hotel Mgt Report - Original proof of purchase & original warranty cards/repair bills & photographs - Letter of Compensation from Airlines/hotel mgt
Travel Delay	<ul style="list-style-type: none"> - Delay report from airline showing time & reason for travel delay - Air Ticket/Service Provider and Boarding Pass
Loss of Travel Documents	<ul style="list-style-type: none"> - Police Report - Receipts for obtaining replacement of travel documents - Hotel bills incurred for replacement of documents - Transportation Bill