



Please note before filing claim. (Guidance Notes)

1. Please complete all sections of this form and check the list of additional documents you need to send in order that we can assess your claim. Please ensure you read this carefully as failure to supply the correct documents may delay our assessment of your claim. Please provide your mobile number along with email address so that we can inform you on the progress of your claims.
2. Once you have completed the Claim Form please send the form through:
 - 2.1 Postal: Claim Division, 21st -23rd Floor, Siam Tower, 989 Rama I Road, Bangkok Thailand10330
 - 2.2 the representative / your broker
3. Upon receiving your Claim Form, AIG would send you a SMS as a confirmation
4. In case of AIG needing additional documents, or missing documents we would contact you within 5 working days of receiving the original claim form.
5. In case the Claim Form are completed AIG will take 15 working days in processing the claims and would inform you through email or SMS.

Insured Details: (Please complete all sections of this form)

Name of Insured:		Policy Number:	
Thai National ID number:	Sex: Male / Female	Date of Birth: / /	
Address:			
Profession:		Email address:	
Mobile number:		Home / Work contact number:	
In case of claimant and the policy holder name is not the same, please provide us with the policy holder's name:		Have you submitted claim to other insurance company: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please specify the name of the insurance company:	
For travel insurance Please state the travel period (DD/MM/YY) from / / to / / destination			

Please only fill in the following according to your claims:

- Medical expenses / Income compensation / Compensation for surgery / Insurance for Cancer (Section 1)
- Compensation for loss of personal money / Travel Documents / Golf Set / Damage or Loss of travel luggage including computer notebook due to natural disasters / Damage or Loss of personal baggage (Section 2)
- Travel delay or Flight delays / Miss connecting flight / Delayed Luggage (Section 3)
- Cancellation / Postpone of travel arrangements / Reducing number of travel days (Section 4)
- Death / Disability / Loss of Organs (Section 5)
- Others i.e. Lost Wallets; initial coverage of rented vehicles etc. (Section 6)

Declaration / Authorization

I declare that the statements on this form and the information provided in addition are true and complete to the best of my knowledge and belief.

I am aware that AIG or its representative might inquire my personal information in regards to claim with other insurance companies / related organizations

I give permission to hospital or doctors who treated me the authority to share my medical report to the insurance company or their representative for claim purposes. A copy of this authorization document is to be considered and effective as the original documents.

Insured / injured person

Date

Representative

Date

(In case of insurer / injured person not able to sign)

Remark: The Business Operation of AIG Thailand Group consists of AIG Insurance (Thailand) Public Company Limited and New Hampshire Insurance Company

Section 1: Medical Expenses / Income loss Compensation / Surgery Compensation / Insurance for Cancer

Date and Time of injures or sickness: (DD/MM/YY) / / Time: _____ First visit to doctor: (DD/MM/YY) / /

Please state the precise nature of medical condition / illness / injury and the exact location.

Supporting documents for claims:

Medical Expenses / Surgery Compensation

- Copy of Medical Reports
- Medical / Surgery receipts (No Copies)
- Copy of Personal ID
- Copy of passport illustrating the dates leaving and entering Thailand by immigration (for International Travel Insurance e.g. Boarding Pass)
- Letter from employer (In case of group insurance where individual name is not mentioned)

Income Loss Compensation:

- Copy of Medical reports
- Copy of Receipt / Invoice
- Copy of Personal ID of Insured

Insurance for Cancer:

- Copy of Medical Reports
- Copy of Personal ID of Insured
- Laboratory **report of cells**

Section 2: Compensation for loss of personal money / Travel Documents / Golf Set / Damage or Loss of travel luggage including computer notebook due to natural disasters / Damage or Loss of Personal Baggage

Date and Time of incident: (DD/MM/YY) / / Location of incident: City / Country

Please give a full description of the circumstances of the incident:

Please give specific detail of losses / damages caused to the items:

List of losses / damaged items	(DD/MM/YY) of purchase	value / repair cost
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

List of documents needed for assessing your claim:

- Copy of insured passport
- Copy of airplane ticket or a proof of entering/leaving the country (e.g. Boarding pass or Immigration Stamp in the passport)
- Official Document from Police / Hotel / Transportation Company / Golf Course for assessing your claim
- In case other compensation was made please provide the documents of the payments

Loss of personal money:

- Please provide a police report of the incident within 24 hours.

Loss of travel documents:

- Please provide a police report of the incident within 24 hours.
- Receipts of any expenses incurred during the incident.

Loss of travel luggage including computer notebook due to natural disasters

- Proven documents from Hotel / Transport company.
- List of lost / damage items along with the price.
- Reference of the natural disasters occurring.

Golf equipment:

- Receipts of the repair cost or cost of new equipment
- Please provide a police report of the incident within 24 hours.
- Proven document from the specific Golf Course

Damage or Loss of Personal Baggage

- Written letter from the Hotel / Transport Company in cases involving their members.
- Please provide a police report of the incident within 24 hours / in cases of threats by force

Section 3: 3.1 Travel Delay / Miss Connecting Flight 3.2 Delayed Luggage

3.1 Travel Delay / Miss Connecting Flight

Please give a full description of the delay / miss connecting flight.

Location of the incident: City / Country

Original Schedule Trip:

DD/MM/YY / /	Departure time:	Arrival time:	Flight Number:
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New schedule:

DD/MM/YY / /	Departure time:	Arrival time:	Flight Number:
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Please specify expenses incurred due to flight delay / miss connecting flight.

3.2: Delayed Luggage:

Please state in full detail the cause and circumstances of the delay:

DD/MM/YY of the incident / /	Time:	Location: City / Country
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DD/MM/YY of the returned luggage: / /	Time:
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Did Insured purchase any items during the missing luggage: Yes No

Please list the items in detail of purchases during the missing luggage:

State in full detail the cause and circumstances of the loss or damage:

Supporting documents for claims:

- Copy of passport
- Copy of airplane ticket or a proof of entering/leaving the country (e.g. Boarding pass or Immigration Stamp in the passport)

Traveling Delays / Miss connecting flights

- A proof of document from airline of the delay
- All Ticket and any traveling documents
- Receipt of hotel, food and beverage

Luggage Delays

- Original receipt of any essential items purchased during awaiting the delayed luggage
- A proof of document from airline of luggage delay
- Official document of receiving the luggage from airline (if any)

Section 4: Cancellation / Postpone of travel arrangements / Reducing number of travel days

Please specify the reason of cancelling / reducing the travel arrangement in detail:

Original scheduled dates of the trip:

From: DD/MM/YY / /	To: DD/MM/YY / /
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New scheduled dates of the trip:

From: DD/MM/YY / /	To: DD/MM/YY / /
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Cause of cancellation due to sickness / injuries / death of the insured or relatives or family members:

Please specify below:

Name / Surname	Relation to Claimant:	Accident date: DD/MM/YY
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Supporting documents for claims:

- Copy of medical certificate, dead certificate (in case of insured's family member is sick/ injured or died)
- Official documents stating the relationship status with the insured (in case of insured's family member is sick/ injured or died)
- Copy of passport
- Copy of airplane ticket or a proof of entering/leaving the country (e.g. Boarding pass or Immigration Stamp in the passport)

Cancellation / Postpone Travel Plans

- Please enclose official receipts from all relevant traveling agencies and in case other compensation was made please provide the documents of the payments

Changing travel plans (reducing the travel days) - Please enclose copy of all latest traveling documents and receipts

Section 5: Death / Disability

DD/MM/YY: / /	Time of accident:	Location:
Description of accident, how?		
Supporting documents for claims: <u>Death</u> <ul style="list-style-type: none"> - <u>Copy of</u> medical certificate - Official letter from the responsible airline (in case of dead from accident during on board commercial airline) - Police report - <u>Copy of</u> national I.D of the insured - <u>Copy of</u> house registration - <u>Copy of</u> national ID for beneficiary - <u>Copy of</u> house registration of the beneficiary - Document appointing a nominee for the will of insured - <u>Copy of</u> Autopsy Report - Official death certificate of insured - Official letter of employment from workplace (In case of group insurance where individual name is not mentioned) 		
<u>Disability</u> <ul style="list-style-type: none"> - <u>Copy of</u> medical certificate - <u>Copy of</u> national ID of insured - <u>Copy of</u> house registration of insured - Proof of disability / casualty cause (in cases of inheritance) the beneficiary must provide a photocopy of national ID and house registration - Official letter of employment from workplace (in cases of group insurance where individual name is not mentioned) 		

Section 6: For any other claims e.g. liability of the third party; accident caused to the rental car.

Please state in detail the incident:		
Date of incident (DD/MM/YY): / /	Time:	Location:
Amount	Baht	
Supporting documents for claims: <u>Liability to the third party</u> <ul style="list-style-type: none"> - <u>Copy of</u> medical certificate / receipt in cases of casualty caused to others - Receipt of any repair done / letter of conformation from the workshop in cases of parts being replaces - <u>Copy of</u> insured's passport - <u>Copy of</u> airplane ticket or a proof of entering/leaving the country (e.g. Boarding pass or Immigration Stamp in the passport) 		
<u>Liability of the rental car:</u> <ul style="list-style-type: none"> - <u>Copy of</u> insured's passport - <u>Copy of</u> insured's passport traveling documents or a prove of entering / leaving the country by immigration on the passport - Car rental contracts / documents - Official documents of insurance contract from the car rental company illustrating the liability of the excess - Police report of the incident and detail of the damage caused to the rental car 		
For any other claims please visit our website (www.aig.com/th)		

For Office Use Only:

Policy No.	Effective / /	to / /	Payee Name:
Pay :Indemnity	Baht	Medical	Baht
<input type="checkbox"/> Hold <input type="checkbox"/> Mail	Address:		
Remark:			
Adjusted by:	Date:	Approved by:	Date:
Coverage:	Weekly Indemnity	Hosp. Income	Principal Sum

Call Center:
 Tel. 0 2649 1999 Fax. 0 2649 1998
 E-mail: callcenter.th@aig.com

Complaint and feedback channel:
 Tel. 0 2649 1596 Fax. 0 2649 1998
 E-mail: complaint@aig.com

Claim Department:
 22nd Floor, Siam Tower, 989 Rama I Road,
 Patumwan, Bangkok 10330, Thailand

In order to process your claim quickly, please complete all relevant information within each sections of the claims form, giving as much detail as you can and return it to us at the above address, together with the following Original documentations.
 Please note that in the interest of protecting ourselves from fraud we are unable to accept photocopied receipts or invoices.