



CLAIM FORM - GENERAL

Please complete both pages

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured _____
 Business Name: _____ PIN No.: _____
 Nature of Business: _____
 Name of Contact Person: _____ Position: _____
 Postal Address: _____ Postal Code: _____ Town: _____
 Physical Address: Bldg: _____ Floor: _____ Street: _____
 Office Tel: _____ Fax No.: _____ Mobile Phone: _____
 E-Mail Address: _____
 VAT Reg No. (If applicable): _____
 Policy Number: _____

SECTION B : TECHNICAL DETAILS

PARTICULARS OF CLAIM	Date and Time of Loss/ Damage occurred stating how (if applicable) entry was gained to premises		
	If Loss / Damage was caused by another party give name and address		
	Has any other party an interest in the insured property e.g. Credit Agreement? If so, give name and interest.		
LOSS/DAMAGE PLACE	Place where Loss / Damage oc- curred		
	Were premises occupied? If so, by whom?		
	Purpose of occupation		
	If not occupied, when last occupied?		
PREVIOUS LOSS/DAMAGE	Have you previously suffered Loss / Damage?		
	If so, give details		
	If insured, provide name of Insurer		
OTHER INSURANCE	Is there any other insurance covering this Loss/Damage?		
	If so, give name of Insurer and policy number		
POLICE	Police Station		
	Date and Time of Report		
VALUE	Estimated total value of all the property insured under the policy at the time of loss/ damage		
PAYMENT METHOD	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account holder, account number and type of account.		
	Name of Bank		Branch
	Name of Account holder		Account Number
	Type of Account		

SECTION D: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that I/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: _____

Signature: _____ Date: _____

(If Corporate):

Name: _____ Designation _____

Company Stamp and Date:

