

## IMPORTANT NOTES FOR CLAIMANT

- The Group Plus Claim Form is to be completed by the Claimant, except where the Claimant is a minor. In such instances the form should be completed by the minor's legal guardian.
- Part C Authorization and Declaration Section of Claim Form must be duly signed/have thumbprint affixed by the Claimant or the Claimant's legal guardian.
- Your claim will not be processed if Part C of the Claim Form is not duly signed/has thumbprint affixed.
- Claim Form must be completed and the claim lodged with supporting documents within 30 days of the incident. 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. The Company reserves the right to request for such further documents as it may deem fit in addition to the required documents listed in each of the sections of the Claim Form.

## CLAIM FORM COMPLETION GUIDE

### Personal Accident Benefits

- **Accidental Death** of an insured person, please complete **Parts A, B, C and D and Section 1** and provide all required supporting documents
- **Permanent Disablement** of an insured person, please complete **Parts A, B, C and D and Section 2** and provide all required supporting documents
- **Burns and Fracture** of an insured person, please complete **Parts A, B, C and D and Section 3** and provide all required supporting documents

### Medical Expenses Benefits

- **Outpatient/Inpatient Medical Expenses Reimbursement**, please complete **Parts A, B, C and D and Section 4** and provide all required supporting documents
- **Hospital Confinement**, please complete **Parts A, B, C and D and Section 4** and provide all required supporting documents
- **Temporary Disability from employment**, please complete **Parts A, B, C and D and Section 5** and provide all required supporting documents
- **Hospital Visitation Expense Reimbursement**, please complete **Parts A, B, C and D and Section 6** and provide all required supporting documents

### Travel Inconvenience Benefits

- **Loss of Travel Documents and Money**, please complete **Parts A, B and C and Section 7** and provide all required supporting documents
- **Luggage and Personal Effects**, please complete **Parts A, B and C and Section 8** and provide all required supporting documents
- **Temporary Loss Of Baggage (Baggage Delay)**, please complete **Parts A, B and C and Section 9** and provide all required supporting documents
- **Travel Delay**, please complete **Parts A, B and C and Section 10** and provide all required supporting documents
- **Trip Curtailment and Trip Cancellation**, please complete **Parts A, B, C and D and Section 11** and provide all required supporting documents

### All Other Benefits

- **Hijack**, please complete **Parts A, B and C and Section 12** and provide all required supporting documents
- **Bail Bond**, please complete **Parts A, B and C and Section 13** and provide all required supporting documents
- **Kidnap**, please complete **Parts A, B and C and Section 14** and provide all required supporting documents
- **Legal Expenses**, please complete **Parts A, B and C and Section 15** and provide all required supporting documents
- **Personal Liability**, please complete **Parts A, B and C and Section 16** and provide all required supporting documents

### Attending Physician's Statement

- **Attending Physician's Statement**, please download the form found under Section 4 which is to be completed by your Attending Doctor (please note that the completion of this form is at your expense)