PERSONAL ACCIDENT OR SICKNESS CLAIM FORM

AIG

This 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 #09-16 Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("AIG"). Any documentary proof or report required by AIG 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 service representatives at 6419 3000, Mondays to Fridays, between 9am and 5pm. Alternatively, you may contact us at **www.aig.sg/contact-online.**

Type of Claims	☐ Personal Accident (Please complete Section I, II, V and VI*)	☐ Illness (Please complete Section I, III, V and VI*)	*Applicable for Group Policies only

SECTION I: POLICY HOLDER INFORMATION

Product Name and Plan		Certification / Policy No.	
Policy Holder's Name	☐ Mr. ☐ Mrs. ☐ Ms.		
Date of Birth	D D M M Y Y Y Y		
Are You a US Citizen?	☐ Yes ☐ No If 'Yes', Please Provide Your Social Security No. (SSN)		
Contact Details	(Office) (Mobile) (Email)		
Occupation		Nature of Business	
GST Registered	☐ Yes ☐ No	GST Registration No.	

CLAIMANT INFORMATION (please complete if different from Policy Holder)

Insured Person's Full Name	☐ Mr. ☐ Mrs. ☐ Ms.	Identity Card / Passport No.			
First Name		Last Name			
Are You a US Citizen?	☐ Yes ☐ No If 'Yes', Please Provide Your Social Security No. (SSN)		Marital Status	☐ Single	☐ Married
Date of Birth	D D M M Y Y Y Y		Sex	☐ Male	☐ Female
Contact Details	(Residential) (Mobile) (Email)				
Occupation		Nature of Business			
Date Insured Person Joined the Company	D D M M Y Y Y Y				

PREFERRED MAILING ADDRESS

Preferred Mailing Address	

TO BE COMPLETED BY AGENT / BROKER (if applicable)

Producer Code		Branch	
Name of Producer / Company Name			
Contact Person		Telephone No.	
Mailing Address			
Preferred Method of Communication	☐ Mail ☐ Email Email Address		

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd.
All rights reserved

AIG

SECTION II: ACCIDENT RELATED CLAIMS ONLY

Type of Disablement Claim	☐ Permanent Total Disablement ☐ Permanent Partial Disablement ☐ Weekly Benefit for Temporary Total Disablement ☐ Accident Medical Reimbursement ☐ Daily Hospital Income ☐ Others (please specify)
The nature of your claim (if the claim is in respect of accidental death)	☐ Death Benefits ☐ Disappearance ☐ Family Allowance ☐ Compassionate Death Allowance ☐ Others (please specify)
(a) Date and Time of Accident	D D M M Y Y Y Y HO UR : MI NS ☐ AM ☐ PM
(b) Where did the accident occur?	
(c) How did the accident occur?	
(d) Injuries Sustained	

(e) If you had a history of similar injury, which you have experienced in the past, please give details as to when, where and from whom you received medical diagnosis, treatment, consultation or prescribed drugs.

(f) Disablement Commencement	D D M M Y Y Y Y HO UR : MI NS ☐ AM ☐ PM	(g) Date of Death	D D M M Y Y Y Y
(h) Are you still suffering the above stated disability?	☐ If yes, please advise the expected date and time of returning to work D D M M Y Y Y Y HO UR : MI NS ☐ AM ☐ PM ☐ If no, please advise the date and time of returning to work D D M M Y Y Y Y HO UR : MI NS ☐ AM ☐ PM		
(i) Have you sustained any fractures from this accident?	☐ Yes ☐ No If yes, please advise the type of fracture		
(j) Have you sustained a burn injury from this accident?	☐ Yes ☐ No If yes, please provide the following information ☐ Head ☐ Body Degree of Burn		
(k) Have you lodged a police report?	☐ Yes ☐ No Date of Report D D M M Y Y Y Y	Police Station that you lodged report?	
(l) Name and address of any witness of the incident			
(m) Was the sum insured or benefits of your policy based on your monthly salary?	☐ Yes ☐ No If yes, please advise the last drawn salary prior to the accident		

(n) Please furnish the details of any hospitalization in connection with this injury.

Name of Hospital	Admission Date (DD-MM-YYYY)	Date Discharged (DD-MM-YYYY)	Admission No.	Type of Ward

(o) Please provide information on your first consultation.

Doctor Consulted			
Doctor's Address			
Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(p) Please provide information of your regular doctor.

Regular Doctor			
Regular Doctor's Address			
Regular Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

SECTION III: ILLNESS RELATED CLAIM ONLY

Claim Description (fill in items that apply)
(a) Give a brief description of the illness suffered.

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd.
All rights reserved

AIG

(b) If the critical illness is cancer, please advise the type of cancer.

(c) Answer the questions pertaining to your condition stated above.

i) Are there any symptoms which are or were evident for this condition? If yes, please advise the date of onset of the symptoms. D D M M Y Y Y Y

ii) Have you been recommended to receive or received treatment, advice or diagnosis for this condition? If yes, please advise the date of your 1st consultation. D D M M Y Y Y Y

(iii) Please describe the symptoms you experienced.

(d) Please provide information on your first consultation.

Doctor Consulted			
Doctor's Address			
Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(e) Please provide information of your regular doctor.

Regular Doctor			
Regular Doctor's Address			
Regular Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(f) Please furnish the details of any hospitalization in connection with this illness.

Name of Hospital	Admission Date (DD-MM-YYYY)	Date Discharged (DD-MM-YYYY)	Admission No.	Type of Ward

(g) Have any of your family members experienced this similar or related illness? If yes, please provide details.

Relationship of Family Member	Nature of Illness	Date Diagnosed (DD-MM-YYYY)	If Deseased, Date (DD-MM-YYYY)	Age

(h) Are there any other illness / complaints suffered by you prior to this event? If yes, please provide details.

SECTION IV: 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 is insufficient for such details, please attach another page.

Date and Time of Accident	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM	Claimed Amount	
Have you lodged a police report?	☐ Yes ☐ No Date of Report D D M M Y Y Y Y	Police Station that you lodged report?	

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd.
All rights reserved

AIG

SECTION V: DETAILS OF YOUR OTHER INSURANCE OR COMPENSATION CLAIMS

Name of Insurer / Third Party	Policy / Reference No.	Type of Benefit	Have you filed a claim?	Amount Claimed

NOTE: If the space provided is insufficient for your answer, please continue on a separate sheet.

Have your other claims been paid by the other policies above? ☐ Yes ☐ No

SECTION VI: FOR COMPANY / SCHOOL / KINDERGARTEN USE ONLY

COMPANY DECLARATION (for Group Policy only)

I / We hereby certify that .... is / my our employee effective from .... and is currently holding the position of .... If no longer under employment, please advise the last date of employment. D D M M Y Y Y Y

SCHOOL / KINDERGARTEN DECLARATION

I / We hereby certify that .... is currently a student of my / our school / kindergarten.

Name / Designation

Date Signed D D M M Y Y Y Y

Authorised signature of company / school / kindergarten
(Please also affix company / school kindergarten rubber stamp)

PAYMENT DETAILS

Electronic Funds Transfer (Payment in SGD and to bank accounts in Singapore only)

Please provide details for the payment of this claim in the event that this claim is deemed payable by AIG. In such an event, this claim shall be payable to the relevant insured person only.

Payee Name (name as per bank account) ....

Name of Bank ....

Bank Code Branch Code Account Number ....

Email address (if different from above) ....
Notification of payment will be sent to this email address.

Important Notice:
AIG shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing AIG with an inaccurate bank account number under this section for the payment of this claim.

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd.
All rights reserved

AIG

ACKNOWLEDGEMENT AND DECLARATION

I declare that to the best of my knowledge and belief that all the above information and particulars are complete, true and accurate and 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 agree to the conditions set out at the beginning of this claims form.

I authorise any hospital doctor, other person who attended or examined me, to furnish to AIG, and / or it's 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 photocopy of this authorization shall be considered as effective and valid as the original.

I authorize AIG to release any payment payable to me under this claim via electronic funds transfer to the bank account provided by me under the Payment Details section. I understand and acknowledge that AIG shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by me, as a result of me providing AIG with an inaccurate bank account number under the Payment Details section for the payment of this claim.

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, 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 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; 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.

Signature of Claimant .... Date Signed | D | D | M | M | Y | Y | Y | Y |

Signature of Policy Holder .... Date Signed | D | D | M | M | Y | Y | Y | Y |

Name		Designation	
Company Stamp			

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way #09-16
Singapore 079120
www.aig.sg
Co. Reg. No. 201009404M

Copyright © 2020 AIG Asia Pacific Insurance Pte. Ltd.
All rights reserved