AIG Vietnam Insurance Company Limited
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Customer Service Center | Hotline: **1800 6789** | Email: vncustomercare@aig.com| Website: www.aig.com.vn

TRAVEL CLAIM FORM

Important notice:
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.

Section I – General Information

Policy/certificate no.:	Name of policyholder:
Name of claimant:	Claimant's ID card no./passport no.:
Note: Please provide full telephone number and email address to receive notifications about the claim status.	
Contact Mobile no.:	Email address:
Mailing address:	
Do you agree to release your claims information to agent/broker? □ Yes □ No If yes, please provide following information:	
Agent/Broker:	Email address of agent/broker:
Policy category: □ Single □ Annual	Journey period (DD/MM/YYYY): From: To:
Are you US citizen? □ Yes □ No	
Do you have any other insurance policies covering the loss or expenses incurred? (e.g. personal accident policy, household policy, etc.) □ Yes □ No If yes, please provide the following information: Name of the insurance company: _____ Nature of risk covered: _____ Policy no: _____ Claim amount (Please indicate the currency): _____ Has the said insurance company rejected your claim? □ Yes □ No If yes, please state the reason(s): _____ If no, please state the amount payable/paid by the said insurance company (please provide the payment details): _____	

Section II A - Medical Expense Reimbursement/ Hospital Income/Loss of Income

Date and time of injury/sickness (DD/MM/YYYY):
In the case of injury, where and how did the accident occur? In the case of sickness, how long have the symptoms existed?
Name and address of the attending doctor:
Nature of injury/diagnosis of sickness:
If hospitalized, please state the place, address and the period of the hospitalization:
From (DD/MM/YYYY): To (DD/MM/YYYY):
Have you ever suffered the sickness/injury or a similar condition or a recurrence of a previous illness/injury? □ No □ *Yes* *If yes, please specify:*
Name and address of your usual Physician in Vietnam :

Claimed amount (Please indicate the currency):

Section II B - Loss of Baggage, Travel Documents and Personal Money

Date of loss/damage: (DD/MM/YYYY)	Contact information of the reported police station/common carrier/ hotel:
Description of how the loss/damage occurred:	

Details of the loss/ damaged items

Item(s) lost/damaged:	Date of purchase/ document(s) replacement (DD/MM/YYYY):	Purchase value/repair quotation *(Please indicate the currency, original purchase receipts /repair quotation)*

Section II C - Travel Delay and Baggage Delay

Reason for travel/baggage delay:			Location:	
	Date (DD/MM/YYYY)	Departure time (AM/PM)	Arrival time (AM/PM)	Flight no.
Original arrival/ departure time				
Actual arrival/ departure time				

Section II D - Travel Cancellation, Trip Curtailment and Travel Misconnection

Reason for travel cancellation, curtailment or misconnection:		
	From (DD/MM/YYYY)	To (DD/MM/YYYY)
Period of original journey		
Period of curtailed journey / misconnection		
If the trip curtailment / trip cancellation is due to death, serious injury or sickness of the Insured/immediate family member, please state clearly the following:		

Full name of sick/ injured/ deceased person:	Relationship to the Insured *(Please furnish proof of relationship)*	Diagnosis:

Section II E - Personal Accident (Fatal and Permanent Disability)

Date (DD/MM/YYYY), time and place of accident:	
Description of how the accident occurred, and the injury sustained:	
Name and address of the attending doctor:	
Full name and telephone no of witness(es), if any:	
Cause of death, if applicable:	Permanent disability (degree and extent), if applicable:

Section II F - Personal Liability

Full description of the incident:	
Full name and telephone no. of the third party claimant:	Full name and telephone no. of witness(es), if any:

Remark:

- *Any lawsuit, demand, claim or proceeding of any types relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us*
- *No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval*

Total claim amount:

Please select your payment method: Transfer ☐ **Cash** (amount under 20 mil VND) ☐

Account name: …… Account number: ……..…….. Bank name: …… Bank address: …… If it is a foreign account, please fill in the following information: Currency: …… SWIFT code or IBAN: ……	**Cash pick up address:** □ ABBANK VNDirect: Dan Sinh Branch, 167 Ky Con Street, Co Giang Ward, District 1, HCMC □ ABBANK – Ho Guom Branch, 30 Ly Thai To Street, Hoan Kiem District, Ha Noi

Note: Please be noted that if the beneficiary is not the claimant, this claim form will be considered as the authorized letter for claim payment receipt from the claimant/policy holder to the beneficiary. In this case, please provide us any proof of relationship (marriage certificate, household registration book, birth certificate…).

Section III – Declaration and Authorization

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish upon request to AIG Vietnam, or its authorized representative, any or all information with respect to any illness or injury, medical history,

consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

We/I agree, and if We/I am submitting information relating to another individual, We/I represent and warrant that We/I have the authority to provide that information to AIG and the individual agrees, that AIG may collect, use and process our/my/his/her personal information (whether obtained in herein or otherwise obtained) and disclose such information to the following: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers; (iv) governmental/ regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the following purposes:

(a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
(b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
(c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
(d) Managing AIG's infrastructure and business operations;
(e) Carrying out market research and analysis and satisfaction surveys; and
(f) Contact us/me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

Name and Signature of claimant	Name and signature of guardian (if claimant is under the age of 18)
ID card number/ passport No	ID card number/ passport No
Date	Date