

**AIG Vietnam Insurance Company Limited**

Head Office: Unit 5-02, 5<sup>th</sup> Floor, Hanoi Towers, 49 Hai Ba Trung Street, Cua Nam Ward, Hanoi City, Vietnam  
 HCM Branch Office: Tower 1, 9<sup>th</sup> Floor, Saigon Centre, 65 Le Loi Boulevard, Saigon Ward, Ho Chi Minh City, Vietnam  
 Customer Service Center | Hotline: **1800 6789** | Email: [vncustomer@aig.com](mailto:vncustomer@aig.com) | Website: [www.aig.com.vn](http://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 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.:
<i>Note: Please provide full telephone number and email address to receive notifications about the claim status.</i>	
Contact Mobile no.:	Email address:
Mailing address:	
Do you agree to release your claims information to agent/broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide following information:	
Agent/Broker:	Email address of agent/broker:
Policy category: <input type="checkbox"/> Single <input type="checkbox"/> Annual	Journey period (DD/MM/YYYY): From:      To:
Are you US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other insurance policies covering the loss or expenses incurred? (e.g. personal accident policy, household policy, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please specify:</i>	
Name and address of your usual Physician in Vietnam :	

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Claimed amount (Please indicate the currency):
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**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 <i>(Please indicate the currency, original purchase receipts /repair quotation)</i>

**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:		

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Full name of sick/ injured/ deceased person:	Relationship to the Insured <i>(Please furnish proof of relationship)</i>	Diagnosis:
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**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:
<i>Remark:</i> <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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</li> </ul>	

**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: .....	<b>Cash pick up address:</b> <input type="checkbox"/> ABBANK VNDirect: Dan Sinh Branch, 167 Ky Con Street, Ben Thanh Ward, HCMC <input type="checkbox"/> ABBANK – Hai Ba Trung Branch, 615-617 Kim Nguu, Vinh Tuy Ward, Ha Noi.
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*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.*

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*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.*

**Privacy notice and consent for personal data processing**

*By providing AIG Vietnam Insurance Company Limited (“AIG Vietnam”, “we”, or “us”) with the insured’s (“you”) personal information, you consent to the collection, use, disclosure and/or otherwise processing (together, “process”) of any of your personal information in the ways described in the privacy policy of AIG Vietnam (“Privacy Policy”), available at: <https://www.aig.com.vn/chinh-sach-bao-mat>.*

*If you are providing us with personal information about another individual, you represent that you have: (a) informed the individual about the content of the Privacy Policy and any other applicable privacy notices provided to you; and (b) obtained their permission (where required by, and in such manner as required by, applicable laws) to share their personal information with us in accordance with the Privacy Policy and other applicable privacy notices.*

*The Privacy Policy explains, among others, what type of personal information we process, the purposes we process personal information, to whom such information is disclosed, how long we keep personal information for, and data subject’s rights.*

*For the purpose that we provide marketing communication to you, it is only applicable if you specifically consent to receive such marketing communication in written form, by voice, ticking consent box, text message syntax, opt-in, or by other acts.*

*We review the Privacy Policy regularly and reserve the right to make changes at any time to take account of changes in our business activities, legal requirements, and the way we process personal information. We will place updates on our website and where appropriate we will give reasonable notice of any changes.*

*Should you withdraw your consent, we may not be able to provide you with the services that you have requested for, and we will inform you of the consequences of such withdrawal of consent where applicable. If you have any questions, concerns, requests, or complaints about the way your personal information is used by us, you can contact us by email: [Privacy.VN@aig.com](mailto:Privacy.VN@aig.com)*

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