CLAIM REPORT FORM

Corporate Travel Insurance

Important Information

The provision of this form by AIG is not an admission of liability or acceptance by AIG of your claim.

1. In order to validate your travel please ensure you attach travel documents such as travel itinerary, accommodation or flight bookings with this claim form. Failure to provide these documents may cause delays in processing your claim.
2. The Privacy Consent must be completed for all claims.
3. To avoid delay in processing your claim please ensure all sections are completed and necessary documentation specified in the section relevant to your claim is sent with this claim form.

All questions in this section must be answered

Policy Holder Name:	Anglican Church of Australia & Affiliated Members		
Name of Insured Company:			
Policy Number:			
Period of Journey:	D D M M Y Y Y Y to D D M M Y Y Y Y		
Name of Claimant:		☐ Mr ☐ Mrs ☐ Miss ☐ Ms	
Occupation:		Date of Birth: D D M M Y Y Y Y	
Address:			
Telephone:	Home:	Business:	Mobile:
Email Address:			
As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting	Are you a US Citizen? ☐ Yes ☐ No		
	If Yes, then please supply your Social Security Number:		

Did you use a credit card to purchase your travel (eg; flights, accommodation, tours)? ☐ Yes ☐ No

If Yes, please complete the following:

Name on Credit Card:			
Name of Financial Institution:			
Card Type: ☐ Visa ☐ MasterCard ☐ Diners ☐ Amex		Card Level: ☐ Gold ☐ Platinum ☐ Other	
Total cost of all travel arrangements: $	Cost of air fares only: $	Amount charged on credit card: $	

GST (Only applies if your policy was purchased for business purposes)

Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy?	☐ Yes	☐ No
If Yes, what percentage of the GST did you claim, or are you intending to claim? Insured ITC	%	

The following section is to be completed by an authorised officer of the Insured company

Name of Insured Company:		
Claimant's relationship to Insured Company:		
Did the loss occur whilst on Authorised Business Travel?	☐ Yes	☐ No
Was an airstrip or overnight stay involved in the travel?	☐ Yes	☐ No
Details of journey:	Departure Date: D D M M Y Y Y Y	
	From: To:	
	Return Date: D D M M Y Y Y Y	
Name of Authorised Officer:		
Signed		
Position Held:		

Electronic Funds Transfer (EFT) details

Do you want the benefit to be deposited directly into a financial institution account via EFT? Date of occurrence:	☐ Yes	☐ No
Name the account is held in:		
BSB number (6 digits in total):	Financial institution account number (up to 9 digits only):	

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

Financial Institution:	Branch:

Information Authority and Warranty

I,

hereby authorise any hospital, physician or other person who has attended me, or my employer or my accountant to furnish AIG or its representatives with:

(i) All copy hospital and medical reports/notes;

(ii) All copy employment records and income tax returns; and

(iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

(iv) The completion of all documentation and forms as required by my Insurer.

I agree that a photostat copy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that AIG relies upon the truthfulness of the particulars supplied by me in respect of the claim.

PRIVACY NOTICE

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Please note that we will only request for and rely on information that is relevant in assisting us to process your claim. However, failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I c onfirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

I also declare that I have:

(1) * No other travel insurance with any Insurance Company.

(2) * Travel insurance with (Name of insurance

* Please delete whichever is not applicable

Signed	
Date	D D M M Y Y Y Y

This form must be fully completed in the sections applicable to your claim and signed.

Section 1 – Luggage and Personal Effects

Supporting documents required for this claim:

1. Report or letter from Authority (e.g. Police, Airline) regarding the loss.
2. Receipts, Instruction Manuals, Valuation Certificates, Credit Card Vouchers or other proof of purchase for items claimed.
3. Quotations for replacement of items claimed.

Give full details of how loss damage or theft occurred: (Detail each event)

Date of occurrence:	D D M M Y Y Y Y	Time:	☐ am ☐ pm
Date of loss reported:	D D M M Y Y Y Y	Time:	☐ am ☐ pm
Were articles lost by Carrier (e.g. Airline)? ☐ Yes ☐ No		Name:	

Have you yet lodged a claim or complaint against any Carrier/Airline or other authority or against any individual responsible for the loss or damage to your property? If so, give details and attach copies of correspondence.

NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first

Airline:	Claim No.:
Are any of the items covered by other Insurance? ☐ Yes ☐ No	If Yes, which Company?
Were all the missing articles your property? ☐ Yes ☐ No	If not, who is the owner?

Description and size of suitcase in which missing goods carried:

Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Date of Purchase	Original Purchase Price	Replacement Amount Claimed	Remarks

Delayed luggage claim

Date your flight arrived: D D M M Y Y Y Y	Date your luggage arrived: D D M M Y Y Y Y
How long was your luggage delayed?	hours: days:

Essential items purchased e.g: toiletries	Currency e.g. USD	Amount Paid

Supporting documents required for this claim:
1. Airline Irregularity Report.
2. Receipts and/or accounts for emergency purchases.
3. Evidence from airline of when bags were returned.

Section 2 – Medical Expenses

Supporting documents required for this claim:
1. Original Doctor's/Hospital accounts and receipts together with details relating to any medical benefit refunds.
2. Original Doctor's Certificate verifying nature of complaint suffered by you.

Type of Injury or Sickness:	Date of Accident or Commencement of Sickness: D D M M Y Y Y Y

Injury – Give full details of Accident or Sickness:

Date of First Medical Consultation: D D M M Y Y Y Y	Name of Doctor or Hospital:

Details of other treatment by Doctors/Hospital:

Dates in Hospital: Admitted D D M M Y Y Y Y ☐ am ☐ pm

Discharged D D M M Y Y Y Y ☐ am ☐ pm

Have you ever suffered from the same or a similar complaint in the past? ☐ Yes ☐ No

If yes, give details, dates, etc.

Are you a member of a Private Health Insurance Fund e.g. Medibank? ☐ Yes ☐ No	Name of Fund:

Section 3 – Cancellation/Additional Expenses

Supporting documents required for the claim

1. The Original Tickets/Vouchers if a refund is not obtainable.
2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
3. Letter from Travel Agent or travel provider verifying total cost of journey, value of unused portion of journey, cancellation charges incurred and total amount of refund received.
4. If the cancellation is due to the unforeseeable death, accidental injury or illness of the claimant or the claimants relative: a detailed Medical report with a background to the condition suffered and/or treatment received. The Medical report should also advise when the condition leading to the claim first commenced, and details of any relevant medical history.

What was the reason you could not commence your proposed journey or complete the return flight?

Was the cancellation as a result of Injury/Sickness to yourself? ☐ Yes ☐ No

Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy? ☐ Yes ☐ No

If so

Name	Address	Relationship	Age

Nature of complaint preventing travel:

Date of first Medical Treatment: D D M M Y Y Y Y

Has the Injured/Sick person had a similar condition in the past? ☐ Yes ☐ No

Name and address of Patient's normal Doctor

Name:		Street Address:	
Email Address:			

Date you advised Travel Agent to cancel bookings: D D M M Y Y Y Y

Amount of Deposit paid and date paid:	$	Date:	D D M M Y Y Y Y
Balance of Full Fare and date paid:	$	Date:	D D M M Y Y Y Y
Total paid:	$		
Refund received on cancellation:	$		
Full amount being claimed:	$	(excluding Insurance Premium)	

Were any alternative arrangements offered or made (Give details)? ☐ Yes ☐ No

Were any additional fares incurred as a result of cancellation (Give details)? ☐ Yes ☐ No

(Complete this section for additional expenses)

Reason for incurring additional expenses or forfeiting travel or Accommodation expenses

Details of expenses incurred

	$
	$
	$
	$

Were these expenses incurred as a result of Injury or Sickness as claimed on previous page? ☐ Yes ☐ No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of of the person and their relationship.

Name:		Age:	Relationship to claimant:
Address:			
Cause:			

Section 4 – Personal Money

Supporting Documents Required for this claim.

1. Report or letter from Authority (eg Police, Airline etc) regarding the loss.
2. Bank statement, transaction receipts or other proof of cash claimed.

Date Notified:	D D M M Y Y Y Y
To Whom (include name of Authority and Address):	

Description of the incident:

Details of claim:

Section 5 – Personal Liability

Supporting documents required.

1. Letters of demand of a claims made against you.
2. Quotations or receipts in support of a claim made against you.

Bodily Injury – Provide relevant details – name, address, phone number and email address of injured party and details of Injury:

Damage to Property – List all property damage together with name and address of party claiming damage against you:

Is the Injury or Damage related to a travelling companion? ☐ Yes ☐ No

Do you consider you were at fault? (If so, why) ☐ Yes ☐ No

Section 6 – Rental Vehicle Excess

The following items must be included with this claim:

1. The Rental Agreement.
2. Notice from the Rental Company in respect of the excess or deductible.
3. Documentation evidencing payment of excess or deductible.
4. A copy of the Rental Vehicle Repair Invoice from Hire Company.

Which Police were advised? State Police Station and attach copy report if available.	
Date of Loss: D D M M Y Y Y Y	Value of Excess/LDW: $

Please provide a full description of the circumstances of the incident giving rise to the claim.

Details of claim:

Please submit your claim form and supporting documents to:

Email: aubrokerclaims@aig.com
Telephone: 1800 339 663

Please ensure you have completed all sections of the claim form and you have attached all documentation required to support your claim. Failure to provide supporting documentation may result in delays in processing your claim. If you cannot provide any of the documentation requested please advise the reason:

AIG recognises that some customers require additional support when dealing with us. AIG has a range of inclusive support initiatives to assist customers with specific needs. If you have a physical or mental illness, financial challenges, difficulty understanding or reading English we can help. Please visit https://www.aig.com.au/customer-care for more information on how we can assist you. Alternatively, you can speak to our Customer Care team by calling 1300 295 016 or email us at aucustomercare@aig.com

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD

aig.com.au

AIG

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