AIG PHILIPPINES INSURANCE, INC.
E-COMMERCE PURCHASE PROTECTION
Claim Request Form

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 to us together with all supporting documents as soon as possible at the following address:

Email: aigphl_consumerclaims@aig.com

Claims Department
AIG Philippines Insurance, Inc.
30th Floor, Philam Life Tower
8767 Paseo De Roxas
1226 Makati City, Philippines

Alternatively, should you have any questions please feel free to call us:

Hotline #: +63 2 8878 5400
Contact Center Hours: 8:30am to 5:30pm, Monday to Friday

Filing by the assured / claimant of this claim form is for purposes of claim evaluation only and does not constitute an admission of liability by AIG Philippines Insurance Inc.

General Procedures

- Prior to submitting this claim form, you must make every effort to resolve the issue between yourself and the seller as a first step.
- This includes but is not limited to immediately contacting the seller to arrange delivery of the undelivered or missing item or to obtain a refund.
- All correspondence and communication must be kept and submitted as evidence that best efforts were made to resolve the issue prior to submitting a claim.

General Requirements

Basic Documents Required

- Duly accomplished and signed insurance claim form
- A copy of purchase receipt showing payment of the item was made entirely with an Eligible Account;
- A copy and full description including price of the item advertised that was purchased;
- Copies of all communications with the seller for non-delivery, incomplete delivery and/or damage of the delivered goods;
- Shipment tracking number and Courier company / driver used for delivery of goods;
- For Damaged Goods claim, we may require you to send in the damaged item(s), at your expense, for further evaluation of your claim.
- Eligible Account holder's statement of account providing evidence that transaction was not cancelled and the Eligible Account is valid and in good standing at the time of filing claim.

All questions must be fully answered. By furnishing this Form, the Company makes no Admission of Liability of Waiver of its Rights

ACCOUNT HOLDER INFORMATION	
Account Holder Name:	Account Holder Address:
Daytime Phone Number:	
Mobile Phone Number:	
E-Mail:	

LOSS INFORMATION

Check Applicable: _____ **Non-Delivery**   _____ **Incomplete Delivery**   _____ **Damage**

Describe The Nature Of The Incident:

ORDER INFORMATION

Seller's Name _____

Item Purchased _____

Transaction/Reference ID _____

Purchase Price And Currency _____

Shipping Cost _____

Name Of Courier _____

Shipment Tracking Number _____

Product / Brand / Type _____

Order Number _____

Delivery Address _____

_____

Order Date _____

Scheduled Delivery Date _____

Actual Delivery Date_____

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 or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all the rights to recover thereunder in respect of past or future claims shall be forfeited.

By providing your Personal Information to AIG Philippines in connection with your claim [and signing below], you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at www. Aig.com.ph or upon request. In particular, you consent to the transfer of your Personal Information internationally. You agree that you will not provide Personal Information about any other individual without that person's permission.

_____   _____
Signature Over Printed Name   **Date**