AIG PHILIPPINES INSURANCE, INC.
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1226 Makati City, Philippines
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TRAVEL GUARD ASIA PACIFIC Call Collect 632-8 878-1290

TRAVEL CLAIM FORM

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

GENERAL INFORMATION

FULL POLICY NO. _____ CLAIM NO. _____

INSURED'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

_____

_____ E-MAIL ADDRESS _____

OCCUPATION _____ CONTACT NO. _____

ARE THERE ANY OTHER INSURANCE POLICIES IN FORCE COVERING YOU IN RESPECT OF THIS TRAVEL?

IF YES, PLEASE PROVIDE DETAILS _____

_____

EXACT PLACE WHERE THE INCIDENT OR ILLNESS OCCURRED:

_____

_____ DATE & TIME _____

DESCRIPTION OF INCIDENT, LOSS OR ILLNESS:

_____

_____

_____

NAME & ADDRESSES OF ANY WITNESS/ES:

_____

_____

_____

Basic Requirements:	____ **Original Insurance Policy**	____ **Copy of Passport**	____ **Copy of Airline Ticket/Boarding Pass**

PERSONAL ACCIDENT / MEDICAL EXPENSE

STATE THE NATURE OF YOUR ILLNESS OR INJURY:

_____

_____

HAVE YOU SUFFERED THIS OR A SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS ILLNESS OR INJURY?

____ YES ____ NO

IF YES, PLEASE PROVIDE DETAILS _____

_____

STATE AMOUNT COVERED OR RECOVERABLE FROM OTHER SOURCES _____

STATE THE NET AMOUNT BEING CLAIMED _____

GIVE THE NAME AND ADDRESS OF YOUR USUAL ATTENDING PHYSICIANS:

_____

_____

_____

Requirements :
____ Medical Report from physician or hospital with admitting medical history, diagnosis, course in ward
____ Original Copy of the Prescriptions, Official Receipts & Bills of Medical expenses incurred
____ Police Report (In case of Accident)

In the event of Death / Repatriation: Please report to Travel Guard Asia Pacific

___ Death Certificate ___ Post Mortem Report ___ Birth Certificate ___ Marriage Contract

TRIP CANCELLATION / CURTAILMENT

WHEN WAS THE TRIP BOOKED

DATE WHEN TRIP WAS CANCELLED

SCHEDULED DEPARTURE (PLEASE INDICATE DATE & TIME)

REASON FOR TRIP CANCELLATION / CURTAILMENT

AMOUNT OF EXPENSES INCURRED

AMOUNT BEING CLAIMED DUE TO TRIP CANCELLATION / CURTAILMENT

REQUIREMENTS:

_____ Tour Operator's Cancellation Notice

_____ Certification Stating the reason for the trip cancellation / curtailment

_____ Documents to support the trip cancellation / curtailment

_____ Official Receipts of Expenses Incurred due to trip curtailment

_____ Official Receipts of Payments made in advance for trip cancellation

FLIGHT DELAY

ORIGINAL FLIGHT DETAILS		**DELAYED FLIGHT DETAILS**	
DATE (MM/DD/YY)		DATE (MM/DD/YY)	
DEPARTURE TIME (AM/PM)		DEPARTURE TIME (AM/PM)	
PLACE OF DEPARTURE		PLACE OF DEPARTURE	
AIRLINE & FLIGHT NO.		AIRLINE & FLIGHT NO.	

REQUIREMENTS:

_____ Certification from the Airline / Carrier stating scheduled departure time,

_____ Actual departure time and the reason for the delay of the flight

_____ Official Receipts of Expenses Incurred due to flight delay

BAGGAGE DELAY

FLIGHT DETAILS		**COLLECTION OF DELAYED BAGGAGE**	
DATE (MM/DD/YY)		DATE (MM/DD/YY)	
DEPARTURE TIME (AM/PM)		TIME (AM/PM)	
AIRLINE & FLIGHT NO.		PLACE	

REQUIREMENTS:

_____ Property Irregularity Report

_____ Proof of Acknowledgement of Baggage Receipt

_____ Official Receipts of Expenses Incurred due to baggage delay

BAGGAGE & PERSONAL EFFECTS (LOSS/DAMAGE)

WHICH POLICE AUTHORITIES WERE ADVISED (state and attach copy of report)

Attach claim or complaint report against the airline / carrier or other authority or individual responsible for the loss / damage to your property

NAME OF AIRLINE & REFERENCE NUMBER

GIVE DETAILS OF ITEMS / AMOUNT BEING CLAIMED

ITEM	DATE PURCHASED	PLACE PURCHASED	DESCRIPTION	AMOUNT BEING CLAIMED

REQUIREMENTS:

_____ Receipts of lost / damaged items being claimed

_____ Photos of damaged luggage / items

_____ Property Irregularity Report from airline/hotel

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every details 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.

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to the illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective as original.

DATE

INSURED
(Signature over Printed Name)