

AIG PHILIPPINES INSURANCE, INC.30th Floor, Philam Life Tower

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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.	<input type="text"/>	CLAIM NO.	<input type="text"/>
INSURED'S NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
<input type="text"/>		E-MAIL ADDRESS	<input type="text"/>
OCCUPATION	<input type="text"/>	CONTACT NO.	<input type="text"/>
ARE THERE ANY OTHER INSURANCE POLICIES IN FORCE COVERING YOU IN RESPECT OF THIS TRAVEL? IF YES, PLEASE PROVIDE DETAILS <input type="text"/>			
<input type="text"/>			
EXACT PLACE WHERE THE INCIDENT OR ILLNESS OCCURRED:			
<input type="text"/>		DATE & TIME	<input type="text"/>
DESCRIPTION OF INCIDENT, LOSS OR ILLNESS:			
<input type="text"/>			
<input type="text"/>			
NAME & ADDRESSES OF ANY WITNESS/ES:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Basic Requirements:	<input type="checkbox"/> Original Insurance Policy	<input type="checkbox"/> Copy of Passport	<input type="checkbox"/> Copy of Airline Ticket/Boarding Pass

PERSONAL ACCIDENT / MEDICAL EXPENSE	
STATE THE NATURE OF YOUR ILLNESS OR INJURY:	
<input type="text"/>	
HAVE YOU SUFFERED THIS OR A SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS ILLNESS OR INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE PROVIDE DETAILS <input type="text"/>	
STATE AMOUNT COVERED OR RECOVERABLE FROM OTHER SOURCES <input type="text"/>	
STATE THE NET AMOUNT BEING CLAIMED <input type="text"/>	
GIVE THE NAME AND ADDRESS OF YOUR USUAL ATTENDING PHYSICIANS:	
<input type="text"/>	
<input type="text"/>	
Requirements : <input type="checkbox"/> Medical Report from physician or hospital with admitting medical history, diagnosis, course in ward <input type="checkbox"/> Original Copy of the Prescriptions, Official Receipts & Bills of Medical expenses incurred <input type="checkbox"/> Police Report (In case of Accident)	
In the event of Death / Repatriation: Please report to Travel Guard Asia Pacific	
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Post Mortem Report <input type="checkbox"/> Birth Certificate <input type="checkbox"/> 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) <input type="text"/>	DATE (MM/DD/YY) <input type="text"/>
DEPARTURE TIME (AM/PM) <input type="text"/>	DEPARTURE TIME (AM/PM) <input type="text"/>
PLACE OF DEPARTURE <input type="text"/>	PLACE OF DEPARTURE <input type="text"/>
AIRLINE & FLIGHT NO. <input type="text"/>	AIRLINE & FLIGHT NO. <input type="text"/>

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) <input type="text"/>	DATE (MM/DD/YY) <input type="text"/>
DEPARTURE TIME (AM/PM) <input type="text"/>	TIME (AM/PM) <input type="text"/>
AIRLINE & FLIGHT NO. <input type="text"/>	PLACE <input type="text"/>

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)