



Please answer all questions as fully as possible, using the spaces provided as well as additional pages where required. When completed please save a copy of this form to your computer and email as an attachment to commercialclaims@aig.com or fax (03) 9522 4974

Name of insured	<input type="text"/>
Trading as name	<input type="text"/>
Name of Broker	<input type="text"/>
Policy Number	<input type="text"/>
Address of Insured Property	<input type="text"/>
Contact details	<input type="text"/>
Email details	<input type="text"/>

Date of Loss, Theft or Damage

Location of Loss, Theft or Damage (if different from Insured Property).

Please state fully the circumstances of the event which has given rise to this claim.
(if the event is a theft from the insured property, please provide details on how entry was gained.)

If claiming for loss or damage resulting from theft, the date the matter was reported to the police.
(Please attach a copy of the police report.)

Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT? Yes No

2. Name the account is held in:

3. 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.)

4. Financial Institution: Branch:

Claim Report



Please list all items and property lost, stolen or damaged here and the following pages.

Full details of item including make and model	Date of purchase	Claimed amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Any additional remarks or comments



Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, and maintain and improve customer service. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- 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; 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, United Kingdom, 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 confirm 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 declare that the enclosed information is a true and accurate record, and I have read and accepted the privacy information detailed above.

Date

Please submit your claim form and supporting documents to:

Email: commercialclaims@aig.com

Facsimile: 61 (3) 9522 4974

Telephone: 1300 761 195

AIG Claims Dept.

GPO Box 4363, Melbourne, VIC 3001

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



Bring on tomorrow

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