



Insured Person	<input type="text"/>		
Address Australia	<input type="text"/>		
Address Overseas	<input type="text"/>		
Postal Address	<input type="text"/>	Telephone Number	<input type="text"/>
Employer/Group	<input type="text"/>	Policy No	<input type="text"/>

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 Australia Limited 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.

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, 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.

Signed <input type="text"/>	Date <input type="text"/>
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Electronic Funds Transfer (EFT) details

- Do you want the benefit to be deposited directly into a financial institution account via EFT? 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:

Important Points

- The issue of this form is not an admission of liability and is without prejudice.
- This form must be fully completed and signed.
- Please complete a new section for each condition for which treatment was received.
- Attach all original accounts and receipts.

Section 1

If Home Leave, Period of Travel: From / / to / /

Name of patient: Date of Birth: / /

Nature of condition treated:

Date of injury or commencement of sickness:

Description of circumstances surrounding injury:

Is there an entitlement to compensation for this under any Workers Compensation Act, Government Law Fund, Plan Benefit Scheme or any other Medical Insurance? Yes No

If YES, please give details

Has this or similar condition been suffered previously? Yes No

If YES, please give details and dates, including name and address of treating doctor:

Name and address of usual doctor

Date Of Service	Treatment Received	Currency	Amount	AIG Use Only	
				E/R Rate	AUD Amount



Section 2

If Home Leave, Period of Travel: From to

Name of patient: Date of Birth:

Nature of condition treated:

Date of injury or commencement of sickness:

Description of circumstances surrounding injury:

Is there an entitlement to compensation for this under any Workers Compensation Act, Government Law Fund, Plan Benefit Scheme or any other Medical Insurance? Yes No

If YES, please give details

Has this or similar condition been suffered previously? Yes No

If YES, please give details and dates, including name and address of treating doctor:

Name and address of usual doctor

Date Of Service	Treatment Received	Currency	Amount	AIG Use Only	
				E/R Rate	AUD Amount

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



Bring on tomorrow

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