

Name of insured/policy holder Policy Number

Address:

Contact Person

Contact Telephone Number

Contact Email Address

ABN

What percentage of the GST has been claimed on the premium? %

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen? Yes No

If Yes, then please supply your Social Security Number

Claimant's Name

Claimant's Address

Claimant's Telephone Number Claimant's Date of Birth (where applicable)

When did the loss/accident occur?

Where did the loss/accident occur?

When was the loss/accident first reported to you?

Please provide us with a brief description of the loss or accident.

Please provide a brief description of injuries (where applicable).

Please provide a brief description of property damaged, including approximate value (where applicable).

Please provide details of any witnesses.

Have any claims been made? If yes, please provide details.

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.

Name

Date

Signature

Please forward all claims and other relevant correspondence to:

The Casualty Claims Manager
AIG Australia Limited
GPO Box 4363
Melbourne Victoria 3001
Fax (03) 9522 4974

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



Bring on tomorrow

Head Office

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