

Claim Form

Name of insured/policy holder	<input type="text"/>	Policy Number	<input type="text"/>
Name of Broker	<input type="text"/>		
Contact Person	<input type="text"/>		
Contact Telephone Number	<input type="text"/>		
Contact Email Address	<input type="text"/>		
ABN	<input type="text"/>		
What percentage of the GST has been claimed on the premium?	<input type="text"/>	%	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, then please supply your Social Security Number		
	<input type="text"/>		

Claimant's Name	<input type="text"/>		
Claimant's Address	<input type="text"/>		
Claimant's Telephone Number	<input type="text"/>	Claimant's Date of Birth (where applicable)	<input type="text"/>

When did the loss/accident occur?	<input type="text"/>
Where did the loss/accident occur?	<input type="text"/>
When was the loss/accident first reported to you?	<input type="text"/>
Please provide us with a brief description of the loss or accident.	
<input type="text"/>	
Please provide a brief description of injuries (where applicable).	
<input type="text"/>	

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.

GST (Only applies if your policy was purchased for business purposes)

1. Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? Yes No
2. If YES, what percentage of the GST did you claim, or are you intending to claim? Insured ITC %

Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. 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:

- your or our agents, 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;
- entities to which AIG is related and third party providers for data analytics functions; 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, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, 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	<input type="text" value="Please Print"/>	Signature
Date	<input type="text" value="/ /"/>	

Telephone 1300 121 251

Please send to: consumersteadfastclaims@aig.com

Steadfast Claims
GPO Box 4363
Melbourne VIC 3001

SUBMIT FORM

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



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