



C L A I M F O R M



POLICY + Certificate number: \_\_\_\_\_ Date of loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POLICY HOLDER

First + Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone home / office: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Is there a similar coverage with another insurance company?  No  Yes, company: \_\_\_\_\_  
policy number: \_\_\_\_\_

Did you file a claim with this company?  No  Yes

INSURED AND TRIP DETAILS

First + Family name: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Country of domicile: \_\_\_\_\_ Telephone home / office: \_\_\_\_\_

Relationship to policy holder: \_\_\_\_\_

Leaving on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ from: \_\_\_\_\_, to: \_\_\_\_\_

Coming back on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ from: \_\_\_\_\_, to: \_\_\_\_\_

Nature of the trip:  Private  Business

Number of travelers: \_\_\_\_ relationship to insured / policy holder: \_\_\_\_\_

REIMBURSEMENT (per policy conditions)

Policy holder  Insured  Other: description \_\_\_\_\_

Bank account

IBAN number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIC: \_\_\_\_\_

Broker / Intemediary: \_\_\_\_\_

The undersigned certifies having correctly replied to all questions in all honesty and certifies that nothing particular to the claim has been concealed.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_



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DELAYED FLIGHT / DELAYED LUGGAGE

- Confirmation of competent authorities with clear indication of delay span (property irregularity report)
- Original expense notes
- Detail of the indemnity received from the transport carrier
- Duly completed overview of expenses following the delay

LUGGAGE / PERSONAL EFFECTS

- Detailed description of circumstances : please complete on overview
- Confirmation of final loss of luggage
- Detail of the indemnity received by the transport carrier
- Police report
- Repair invoice (in case of damage)
- Duly completed overview of luggage with evidence if available

MEDICAL EXPENSES

- Medical certificate
- Reimbursement of social security
- Medical invoices and expense notes
- Duly completed overview of medical expenses with evidence

TRIP CANCELLATION / INTERRUPTION

Travel Agency \_\_\_\_\_

Full address \_\_\_\_\_

Telephone / Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Reservation number \_\_\_\_\_ Date of cancellation / interruption: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date booked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total cost of the trip \_\_\_\_\_ Cancellation fee \_\_\_\_\_

Number of participants that cancelled \_\_\_\_\_ Amount already paid \_\_\_\_\_

Amount reimbursed by travel agency or other \_\_\_\_\_

Copy of trip booking confirmation / invoice  Original cancellation invoice

Illness → Medical certificate

Accident → Medical certificate

Death → Medical + death certificate

Other: description → Official documents that justify the cancellation / interruption

Personal Data

Your personal data (hereinafter the "Data") will be processed in accordance with the law of December 8 1992 on the protection of privacy. The Data will be processed for the purpose of management and optimal use of the services provided by the Insurer, including risk assessment, contract management, claims handling and crime prevention (such as fraud) as well as to allow AIG to fulfill its legal obligations. To achieve these objectives, the Insurer may be required to transfer Data to other companies of the AIG group, to sub-contractors or to partners. These companies, subcontractors or partners may be located in countries outside the European Economic Area that do not necessarily offer the same level of protection as Belgium. The Insurer shall take precautionary measures to ensure the protection of Data. Unless opposition from the concerned person, the Data can be used by AIG for marketing purposes.

According to the law, the insured is entitled to access, amend or oppose (for a reasonable cause) to the processing of Data relating to him/her. To exercise these rights, he/she can contact the Insurer at any time in writing at Blvd de la Plaine 11, 1050 Brussels.

In as far as necessary and in particular in respect of health related data, the Insured approves the processing and the transfer of the Data within the limits and under the conditions described here above. You will find a complete list and, more generally, the complete Privacy policy of the Insurer on [www.aig.be/be-privacy-policy](http://www.aig.be/be-privacy-policy).

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Registered Office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

AIG Europe Limited Registered branch office at Pleinlaan 11, 1050 Brussels, Belgium. | Tel: (+32) (0) 2739 90 00 | RPM/RPR (Brussels) | VAT n° 0847.622.919  
Bank account number: 570-1210370-62 | IBAN: BE51 5701 2103 7062 | BIC: CITIBEBX with Citibank Bank

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\_\_\_\_\_

CIRCUMSTANCES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVERVIEW

	Enclosure number + description	Date	Currency	Amount	Rate of exchange	€
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____

Please number and join substantiating documents	Subtotal	_____
Intervention by social security / common carrier / airline / other insurance ...	Minus	_____
	<b>Total</b>	_____

The undersigned certifies the above list is complete and correct, only in relation to the claim and that the expenses have not been claimed with another company.

The undersigned herewith authorizes the company to recover the expenses from a liable third party.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_



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\_\_\_\_\_

ADDITIONAL INFORMATION

Lined area for providing additional information.

A DULY COMPLETED CLAIM FORM FACILITATES THE PROCESS