



Business Travel Accident

Claim form

GROUP PLUS

claims.be@aig.com

General information

Identification

Policy + Certificate number: _____

Date of loss: _____ Loss (mention the coverage): _____ Average amount of loss: _____

Policyholder data

Name of the Policyholder: _____

Full address: _____

Country: _____

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 person and trip details

First + Family name: _____

Full address: _____

Country of domicile: _____

Telephone home / office: _____ E-mail: _____ Date of birth: _____

Relationship to Policyholder: Employee Director Third party Other (please specify): _____

Leaving on: _____ / _____ / _____ from: _____ to: _____

Coming back on: _____ / _____ / _____ from: _____ to: _____

Nature of the trip: Private Business Private extension to business trip

Number of travelers: _____ relationship to Insured Person / Policyholder: _____

Reimbursement (per policy conditions)

Policyholder Insured Person Other - description: _____

Bank account in Belgium: IBAN N°: □□□□ - □□□□ - □□□□ - □□□□ BIC: _____

Bank account outside Belgium: IBAN number: _____ BIC: _____

Broker: _____

Date: _____ Signature: _____

| A DULY COMPLETED CLAIM FORM FACILITATES THE PROCESS |

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AIG Europe S.A. Belgium branch is registered with the National Bank of Belgium (NBB) under the number 3084. The NBB is located at de Berlaumontlaan 14, 1000 Brussels, www.nbb.be. | Citibank 570-1210370-62 - IBAN: BE51 5701 2103 7062 - BIC: CITIBEBX.

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Information needed per coverage

Delayed flight / delayed baggage

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

Baggage

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

Medical expenses

- Medical certificate with date of first symptoms (please don't provide detailed diagnose if possible)
- Reimbursement of social security
- Medical invoices and expense notes
- Duly completed overview of medical expenses with evidence

Trip cancellation / Travel curtailment or rearrangement

Travel Agency: _____

Full Address: _____

Telephone / Fax: _____

E-mail: _____

Date booked: _____ / _____ / _____ Reservation number: _____

Date of cancellation / interruption: _____ / _____ / _____

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*
- Death → Medical + death certificate
(with indication of the cause/nature of the death)
- Accident → Medical certificate*
- Other: description → Official documents that justify the cancellation / interruption

*Medical certificate should mention the date of first symptoms and should not be a detailed diagnose.



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Collision damage waiver

• Period of the rental contract: from: _____ / _____ / _____ to: _____ / _____ / _____

• Date of declaration of claim to the local authority: _____ / _____ / _____

• Name, address and contact details of the local authority:

• Claim registration number with local authority:

• Name and address of possible witnesses (if existing):

Documents to be enclosed with this present notification:

- Copy of the police report,
- Copy of the car rental contract,
- Copy of the receipt of the car rental company mentioning the applicable excess

Circumstances & additional information

Medical certificates or reports must be sent under closed envelope marked
"confidential to the attention of AIG's medical advisor, AIG Europe, Pleinlaan 11, 1050 Brussels".
Please add the policy number, your full name and/or claims file number.



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Specified infectious diseases

Coverage	Necessary Claims Documents
<input type="checkbox"/> 1. Business Trip – Quarantine upon return to home country	<ul style="list-style-type: none">• detailed description of circumstances of loss• copy of trip reservation• copy of travel tickets• proof of change of regulation regarding quarantine by the authorities of the Permanent Country of Residence
<input type="checkbox"/> 2. Business Trip Quarantine abroad	<ul style="list-style-type: none">• detailed description of circumstances of loss• copy of trip reservation• copy of travel tickets• medical certificate/medical report as a proof of medically required quarantine and the period thereof• proof of a prolonged stay such as new/modified return trip, additional accommodation
<input type="checkbox"/> 3. Business Trip /Private Trip Repatriation by government	<ul style="list-style-type: none">• detailed description of circumstances of loss• copy of trip reservation• copy of travel tickets• proof of government decision to repatriate the Insured Person• copy of invoice for the cost of repatriation
<input type="checkbox"/> 4. Business Trip - Bill protection	<ul style="list-style-type: none">• copy of trip reservation• copy of travel tickets• medical certificate/medical report with a date of diagnosis of Infectious Disease and the delay of temporary work incapacity

Circumstances & additional information

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Overview

Enclosure number + description	Date	Currency	Amount	Rate of exchange	Euro
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 _____

Please join substantiating documents

Total _____

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.

The undersigned has read and accepts the Personal Data clause. He certifies having correctly replied to all questions in all honesty and certifies that nothing particular to the claim has been concealed.

Date: _____

Signature: _____

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Personal data

How we use Personal Information

We are committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it) information about criminal convictions, as well as other Personal Information provided by you or that we obtain in connection with our relationship with you.

Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and the settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis
- (Internal) audit

Sensitive Personal Information - In connection with the provision of insurance and the assessment of a claim, we will collect, use and disclose certain Sensitive Personal Information concerning your health and medical conditions. Where we do this, we will do so with your explicit consent and as otherwise permitted by law.

Sharing of Personal Information - For the above purposes, Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information - Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.



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Personal data | continued

Your rights – You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <http://www.aig.be/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels or by email at: dataprotectionofficer.be@aig.com.

Consent needed if you provide us with medical /health data - In certain circumstances we, AIG Europe, need your consent to collect, use and disclose your Personal Information. This is the case if the Personal Information you provide includes information about your health and medical conditions (Sensitive Personal Information). If you consent to the collection, use and disclosure of this Sensitive Personal Information by us, for the purposes described below, please sign below:

Purposes: Use (including transfer to affiliates and third parties such as claims handlers, loss adjusters, solicitors and reinsurance companies) of Sensitive Personal Information to ensure we can perform our obligations and rights under or in connection with the insurance policy, prevent, detect and investigate (insurance) fraud, carry out claims handling, provide insurance coverage or ancillary services.

Name: _____

Date: _____ Signature: _____

By signing you also consent for the medical advisor appointed by us to obtain medical information (including regarding cause of death) from your treating doctor(s), and also allow for a medical examination, if required.

You have the right to withdraw your consent at any time. If you want to withdraw your consent, please contact us by e-mail at: dataprotectionofficer.be@aig.com or by writing to: Data Protection Officer, AIG Europe, Pleinlaan 11, 1050 Brussels. If you withhold or withdraw your consent, we may not be able to perform our obligations under the insurance policy, carry out claims handling and provide insurance coverage to you.

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