

CLAIM FORM - GENERAL

Please complete both pages

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured				
Business Name:		PIN No.:		
Nature of Business:				
Name of Contact Person:			Position:	
Postal Address:	Postal Code	e:	Town:	
Physical Address: Bldg:		Floor: _	Street:	
Office Tel:	Fax No.:		Nobile Phone:	
E-Mail Address:				
VAT Reg No. (If applicable): Policy Number:				

SECTION B : TECHNICAL DETAILS

PARTICULARS OF CLAIM	Date and Time of Loss/		
	Damage occurred stating how (if applicable) entry was gained to premises		
	If Loss / Damage was caused by another party give name and address		
	Has any other party an interest in the insured property e.g. Credit Agreement? If so, give name and interest.		
LOSS/DAMAGE PLACE	Place where Loss / Damage oc- curred		
	Were premises occupied?		
	If so, by whom?		
	Purpose of occupation		
	If not occupied, when last occupied?		
PREVIOUS LOSS/DAMAGE	Have you previously suffered Loss / Damage?		
	If so, give details		
	If insured, provide name of Insurer		
OTHER INSURANCE	Is there any other insurance covering this Loss/Damage?		
	If so, give name of Insurer and policy number		
POLICE	Police Station		
	Date and Time of Report		
VALUE	Estimated total value of all the property insured under the policy at the time of loss / damage		
PAYMENT METHOD	You may select, for added securit Please specify the name of the bo account.		
	Name of Bank	Branch	
	Name of Account holder	Account	Number
	Type of Account		

Full description of Property lost or damaged	If possible, please state (a) Date and (b) Place of Purchase	Cost Price	Actual value at time of Loss after allowing for depreciation	Value of Salvage (If Any)	Cost of Repairs (If appropriate)	Net Amount Claimed

SECTION C: PARTICULARS OF CLAIM

NOTE:

1. the issue of this form and subsequent acceptance by insurers must not be taken as an admission of liability

2. Receipts and vouchers or other satisfactory evidence should be produced to substantiate the claim wherever possible. This information will facilitate ultimate settlement

3. Where a claim is being submitted for repairs to property damaged an estimate for such repairs should be submitted

4. Pending instructions from Insurers all salvage must be protected by the insured and retained for the benefit or insurers.

SECTION D: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name:	
Signature:	Date:
(If Corporate):	
Name:	Designation
Company Stamp and Date:	