



Accidents & Illness

CLAIM FORM

claims.be@aig.com

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Fax +32 2 739 91 02

GENERAL INFORMATION

IDENTIFICATION

Policy + Certificate number: _____

Date of loss: _____

POLICYHOLDER DATA

Name of the Policyholder: _____

Full address: _____

Telephone: _____

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 PERSON

First + Family name: _____

Full address: _____

Country of domicile: _____

Telephone home / office: _____

E-mail: _____

Date of birth: _____

CIRCUMSTANCES

Motor Accident: No, Yes - Cylinder capacity: _____ cc | Sport Accident: No, Yes, which?: _____

Circumstances: _____

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 |

AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue John F. Kennedy, L-1855, Luxembourg.

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 7, boulevard Joseph II, L-1840 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, http://www.caa.lu/.

AIG Europe S.A., Belgium branch office is located Pleinlaan 11, 1050 Brussels, Belgium. RPM/RPR Brussels - VAT number: 0692.816.659.

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 Berlaimontlaan 14, 1000 Brussels, www.nbb.be. | Citibank 570-1210370-62 - IBAN: BE51 5701 2103 7062 - BIC: CITIBEBX.

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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 _____

Date: ____ / ____ / ____

Signature: _____

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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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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MEDICAL CERTIFICATE

TO BE COMPLETED BY TREATING DOCTOR

Doctors are requested to answer all questions and not to leave any blanks.

TO BE COMPLETED IN ALL CASES

First + family name of the patient: _____

When have you been called with the patient? _____

Are there medical antecedents related to the accident / illness? No, Yes, which?: _____

Nature of the treatment: _____

Nature of the medication: _____

Duration and frequency of treatment and medication: _____

TO BE COMPLETED IN CASE OF ACCIDENT ONLY

Place, date and time of the incident: _____

Nature and extent of the injury: _____

Exact and complete diagnosis: _____

Is the incident the direct and only cause of the injury? No, Yes, which other cause: _____

TO BE COMPLETED IN CASE OF ILLNESS ONLY

Detailed description of the affection: _____

Have you diagnosed at the patient another disease or physical infirmity? No, Yes, which?: _____

Date of first symptoms: ____ / ____ / ____ | Probable date of healing: ____ / ____ / ____

Date: _____ Signature: _____

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MEDICAL CERTIFICATE OF EVOLUTION

TO BE COMPLETED BY THE TREATING DOCTOR

Doctors are requested to answer all questions and not to leave any blanks.

TO BE COMPLETED IN ALL CASES

First + family name of the patient: _____

Address of the patient: _____

Date of Birth of the patient: ____ / ____ / ____ Date of Loss: ____ / ____ / ____

Examination dated: _____

PROPOSAL OF DISABILITY (AT WORK)

____ % from ____ / ____ / ____ to ____ / ____ / ____

____ % from ____ / ____ / ____ to ____ / ____ / ____

Probable total duration of disability (at work): _____

Probable date of recovery and/or return to work: ____ / ____ / ____

DECLARATION OF POSSIBILITY OF RETURN TO WORK

The undersigned declares that the patient is fit for work as from: ____ / ____ / ____

DECLARATION OF HEALING

The undersigned declares that the patient does not sustain any permanent injury on: ____ / ____ / ____

PROPOSAL OF CONSOLIDATION OF PERMANENT INJURY

The undersigned declares that the situation of the patient is up to consolidation of permanent injury/-ies on: ____ / ____ / ____

with a proposal of ____ % based on the O.B.S.I. / B.O.B.I. article(s): _____

following the following permanent injury/-ies (describe): _____

Date: ____ / ____ / ____ Signature: _____

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