



Medical Emergency and Travel Expenses Claim Form Lifeline Plus Group Personal Accident and Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

Details of the insured:

Policy number

Name of company

Address

Postcode

Country

Does the claimant work at this address? YES NO

If not where does the claimant work? Please name branch/ subsidiary and location

Is the insured company aware of you claiming this benefit under the policy? YES NO

If you claim as a company representative (HR, Finance, etc.) please provide your details:

Full name

Position

Telephone number

Email address

Is this claim payable direct to the company? YES NO

Details of the claimant (insured or sick person):

Full name

Address

Postcode

Country

Telephone number

Date of birth

DD / MM / YYYY

Email address

Occupation

Relationship to policyholder Employee Spouse of employee Visitor
 Contractor Child of employee Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

Details of the trip:

Travel destination

Scheduled trip dates DD / MM / YYYY to DD / MM / YYYY

Travel order number (if applicable)

Reason for travel Business trip Leisure Long term secondment

Country where loss occurred

Details of the accident:

Details of injury
or illness

Date/time the injury or illness occurred

Location where injury or illness occurred

Name and address of treating
medical professional

Did you contact the assistance company? YES NO

If Yes, please provide a reference number

Have you been hospitalised? YES NO

If Yes, please give dates and
details of the treating hospital

Have you suffered from the injury or illness before? YES NO

If Yes, please provide dates

Are the expenses you are claiming insured by another company? YES NO

If Yes, please provide the policy
number, name of insurer and
their address

Have you had any previous claims on this type of insurance? YES NO

If Yes, please provide details

Expenses claimed:

Item	Description of expense	Name of bill issuer	Amount	Has the bill been paid?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
			Total	YES	NO
	Exchange rate used		Total amount claimed		

Please complete if a payment may be due:

Do you require a bank transfer? YES NO

Do you require a cheque? YES NO

If cheque, make payment to

If bank transfer:

Name of account holder

Account number

Name of bank

Address of bank

Sort code (UK only)

For international transfers only (outside UK):

International bank account number (IBAN)

SWIFT/IBC Code

Account currency

How we use personal information:

AIG Europe Limited is 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) for sharing of 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) 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
- Make assessments and decisions about the provision and terms of insurance and 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
- Marketing, market research and analysis

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. We are required to register all third party claims for compensation relating to bodily injury to workers’ compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. 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.

Your rights — You have a number of rights under data protection law in connection with our use of 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 correct inaccurate data, a right to 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. 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: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. or by email at: dataprotectionofficer.uk@aig.com.

Declaration:

We declare that the information provided is correct to the best of my knowledge and belief. I understand that a false declaration may invalidate my claim and could result in prosecution.

Signature

Date

DD / MM / YYYY

Details of the person completing the form (if not the claimant):

Full name

Telephone number

Email address

Relationship to claimant

Reason for completing the
form on behalf of the claimant

Please include the following documents:

- Medical reports and certificates issued by the treating doctor
- Invoices for all expenses claimed
- If applicable a copy of your E-HIC or national insurance card

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

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