

# Heart Attack & Stroke Claim Form

**AIG** Direct

Please complete this form in BLOCK CAPITALS and return it to: **American International Group UK Limited, 2-8 Altyre Road, Croydon, CR9 2LG**, by fax on **020 8662 8197** or by email to **aigdirect.claims@aig.com**.

This form has been designed to help you provide all the information we need to process your claim quickly. We recommend you have your policy document to hand for reference.

If you require assistance to complete your form or have any questions please call us on **020 8662 8101** and a member of our Claims Team will be able to help you.

Please complete Sections 1,2,3 and ask your Consultant to complete Section 4.

## PLEASE ENSURE YOU SIGN AND DATE THIS CLAIM FORM (SEE SECTION 5)

### SECTION 1: Policy Details

POLICY NUMBER:

OFFICE USE ONLY:

CLAIM NUMBER:

### SECTION 2: Personal Information - The Claimant

Please complete **ALL** questions.

CLAIMANT NAME IN FULL (INCLUDING TITLE):

DATE OF BIRTH:

ADDRESS:

DAYTIME TELEPHONE NO:

MOBILE TELEPHONE NO:

POST CODE:

EMAIL ADDRESS:

### SECTION 3: Diagnosis

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

DIAGNOSIS:

DATE OF DIAGNOSIS

**Please supply names and addresses of every doctor and specialist consulted for this condition, including your GP.**

NAME OF YOUR GP

NAME OF YOUR GP

ADDRESS:

ADDRESS:

POST CODE:

POST CODE:

TELEPHONE:

TELEPHONE:

NAME OF YOUR GP

NAME OF YOUR GP

ADDRESS:

ADDRESS:

POST CODE:

POST CODE:

TELEPHONE:

TELEPHONE:

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## SECTION 4: To be completed by your treating consultant

Any fee payable for the completion of this section is the responsibility of the claimant

IS THE PATIENT CURRENTLY OR HAVE THEY EVER BEEN A SMOKER?  
PLEASE PROVIDE KNOWN DETAILS AND DATES:

YES

No

Previous History – Please attach a copy of the discharge summary sheet and any supporting clinical evidence available

Has the patient ever suffered from any of the following (please tick all that apply)

HYPERTENSION <input type="checkbox"/>	DIABETES <input type="checkbox"/>	RAISED CHOLESTEROL <input type="checkbox"/>
CORONARY ARTERY OR VALVE DISEASE <input type="checkbox"/>	KNOWN ATHEROSCLEROSIS <input type="checkbox"/>	CHEST PAIN OR PALPITATIONS <input type="checkbox"/>
ANGINA <input type="checkbox"/>	IRREGULAR HEARTBEAT/ATRIAL FIBRILLATION <input type="checkbox"/>	RHEUMATIC HEART DISEASE <input type="checkbox"/>
CONGENITAL HEART DISEASE <input type="checkbox"/>	CARDIOMYOPATHY <input type="checkbox"/>	ENDOCARDITIS <input type="checkbox"/>
TIA <input type="checkbox"/>	STROKE <input type="checkbox"/>	HEART ATTACK <input type="checkbox"/>

HAS THE PATIENT EVER HAD A CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS GRAFT?

YES

No

IF THE PATIENT HAS SUFFERED/UNDERGONE ANY OF THE ABOVE, PLEASE PROVIDE DETAILS, INCLUDING DATE OF DIAGNOSIS AND ANY MEDICATION PRESCRIBED

FOR A HEART ATTACK, PLEASE PROVIDE FULL DETAILS OF THE EPISODE, INCLUDING DATES AND THE CLINICAL EVIDENCE (EG RAISED CARDIAC ENZYMES OR ECG CHANGES)

FOR A STROKE, PLEASE PROVIDE FULL DETAILS OF THE EPISODE, INCLUDING DATES AND THE CLINICAL EVIDENCE (EG MRI, MRA OR CT SCAN RESULTS)

Please provide dates and details of any hospital stays as inpatient

HOSPITAL	WARD
DATE FROM	DATE TO
TREATING CONSULTANT	

Declaration: I hereby certify that my answers to the questions in Section 4 are correct and true to the best of my knowledge and belief

SIGNATURE	DATE
PRINT NAME	TITLE
HOSPITAL ADDRESS/STAMP	GMC NUMBER

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## SECTION 5: Declaration to be completed by insured

### HOW WE USE PERSONAL INFORMATION

To enable American International Group UK Limited or their agents (the Company) to assess your claim, it may be necessary to obtain medical evidence. Any medical reports which are requested from your Doctor (your GP, medical specialists) are subject to the Acts. (Please note that medical reports requested from Doctors appointed by the Company are not subject to the Acts).

In summary your statutory rights under the Acts are as follows:

1. A medical report cannot be requested from any Doctor, who has attended you, without your written authority (consent).
2. You may withhold your consent. However, without your consent we may be unable to proceed with your claim.
3. If you do consent you can indicate whether you wish to see the report before it is supplied to us.
  - a. If you wish to see the report, we will notify your Doctor accordingly. We will advise you that we have done so (notification).
  - b. You will then have 21 days from the date of the notification to contact the Doctor, in writing, to make arrangements to see the report.
  - c. The Doctor will allow 21 days for you to see the report before it is supplied to us.
  - d. If the Doctor has not heard from you within 21 days of the notification he/she will assume you do not wish to see the report and that you consent to it being supplied.
4. If you do not indicate that you wish to see the report, we do not have to notify you if we apply for such report.
5. When you see the report, if there is anything in it that you consider incorrect or misleading you can request, in writing, that the Doctor amends the report, but the Doctor is not obliged to do so. If the Doctor refuses to amend the report you may: (a) withdraw consent for the report to be issued, (b) ask the Doctor to attach to the report a statement setting out your own views, (c) agree to the report being issued unchanged.
6. Whether or not you wish to see the report before it is sent to us, you may ask your Doctor to show you a copy of the report. Please note that the Doctor is obliged to retain the report for at least 6 months after it was supplied. The Doctor may charge a reasonable fee for the cost of supplying the report but not exceeding £50.
7. The Doctor is not obliged to show you any parts of the report that he/she believes might cause serious harm to your physical or mental health or that of others, or it would indicate the Doctor's intentions towards you. If this is the case, the Doctor will tell you if your access to the report is limited

**Please confirm the full name and postal address of your Doctor**

**Name of GP**

Address

Phone number

**Consultant Name**

Address

Phone number

I have read my statutory rights under the Acts as outlined above and **by signing this form** I consent to the Company seeking medical information, including copies of my medical records, from any Doctor who at any time has attended me, concerning anything which affects my physical or mental health relating to the condition (s) that gives rise to my claim.

I also authorise any physician or other person to furnish American International Group UK Limited or their agents with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records relating to the condition (s) that gives rise to my claim.

Do you wish to see the report before it is sent to the Company?

Yes

No

**Signed**

**Full Name**

**Date**

If You are signing on behalf of the Claimant, please set the reason and your relation ship

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## SECTION 5: Declaration to be completed by insured

### HOW WE USE PERSONAL INFORMATION

American International Group UK 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, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com).

Data Protection Consent (sharing Sensitive Personal Information with your employer)

By signing below, I give consent for Sensitive Personal Information about my health to be shared with my employer for reporting purposes.

Print Name:

Signature:

Date:

### DECLARATION

**BY SIGNING THIS FORM I/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.**

Print Name:

Signature:

Date:

**Any problems completing this claim form? Please contact us on: 020 8662 8101**