AIG Malaysia Insurance Berhad

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TRAVEL CLAIM FORM

Claim Summary

Policy Certificate No:	Policy Type	🗌 Individual	Couple
		Organization / Company	🗌 Family
Policy Holder Name:	Claimant Name:		

Claims will be paid to policy holder. In the event of policy holder's death, claims will be paid to the policy holder's nominees (if any) or estate. For Organization/Company claims, please indicate number of claimants and attach list of claimants' names.

Claimant Particulars

NRIC / Passport No	o:			Mailing Address:				
Contact No:				Remarks:				
Are you a citizen o If Yes, please provi	f the United States? de your social security	□Yes number:	□ No	Type: Travel Guard Cas	New Claim se Reference Number	Existing Claim	☐ Further Claim	1
Scheduled Travel P	eriod			Incident Time :		ma 🗆	П РМ	
From :	DD	MM	YYYY	Incident Date				
То :	DD	MM	YYYY		DD	ММ	Y	YYY

Incident Summary

(This may be completed in English / Malay / Chinese)

Basic claim documents required for all travel claims

Duly completed & signed Travel Claim Notification Form

Proof of Travel (Travel Itinerary or e-Ticket or Boarding Pass)

Bank Account Details for E-Payment

Account Holder's Name (must be in the name of Policy holder):		Bank Name:	
Email Address:		Bank Account No. :	
To be completed by Agent/Broker (if applicable):			
Company Name :	Contact Person :		Contact No. :
Producer Code :			Email Address :
Mailing Address :			

DECLARATION AND AUTHORIZATION

I do solemnly declare that the particulars contained in this form are full, complete, true and accurate in every detail. I agree that if I have made, or, in any further declaration in respect of the said claim, if I shall make any false or fraudulent statements or suppress, omit to disclose, or falsely state any material fact whatsoever, this claim shall be voided and all rights of recovery in connection with this claim shall be forfeited.

I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I/my ward have/has been observed or treated, to give full particulars about my/my ward's health including my/my ward's whole medical history in respect of this hospitalization/surgery to AIG Malaysia Insurance Berhad.

I further authorize AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to the above Bank Account. I understand that AIG Malaysia Insurance Berhad relies on the above information and instruction in order to make payment and such payment shall be a valid discharge of AIG Malaysia Insurance Berhad's liability under the policy. I hereby indemnify AIG Malaysia Insurance Berhad for any damages, losses, claims, costs and/or expenses incurred by AIG Malaysia Insurance Berhad, arising from or in conneciton with payments made to the Bank Account in accordance with my instructions herein.

Signature of Claimant

Date Signed

Section B1: OVERSEAS MEDICAL EXPENSES (including Daily Hospitalization Income)

		-							
Documents required • Medical report or proof • Original hospital billing s • Proof of hospitalization 8	of diagnosis statement & med	lical payment							
Name of Hospital/Clinic:			Date Admitted:	DD	MM	YYYY	Date First Symptom Ap	opeared:	
			Date Discharged:	DD	MM	YYYY	DD	MM	YYYY
Overseas Medical Exp	enses		Name of Doctor Co	onsulted:			Doctor's Contact (Email	Address / Tel No.) :	
🗆 Overseas Dental Expe	inses								
🔲 Follow Up Medica	l Treatment in	Malaysia							
Date of First Consultation v	vith Doctor/Hospi	ital:	Nature of Injury/ Diac	gnosis of Si	ickness :		Claim Amount (Please	indicate currency):	
DD	MM	YYYY							

Section B2 : OVERSEAS MEDICAL ASSOCIATED EXPENSES

Compassionate Visit / Child Guard / Em	rgency Telephone Charges and Internet U
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Documents required for Compassionate V	'isit/ Child Guard / Overse	ea Inconve	nience Allowance due t	o Hospitalization
• Original receipts for accommodation, communication, travel ar	nd meal expenses incurred			
• Death certificate (if due to death of insured person)				
 Post-mortem report (if due to death of insured person) 				
Documents required for Emergency Telepl	hone Charges and Interne	et Use		
 Proof of hospitalization & medical report 				
Original receipts for telephone charges and internet use expens	ie incurred			
Benefit Claimed:		Relationship to	o Insured Person :	
Compassionate Allowance				
Child Guard		🗆 s	Self	Family Member
Oversea Hospitalization Allowance			Relative	Friend
\Box Emergency Telephone Charges and Internet Us	se	Т	ravel Companion	
Additional Accommodation Expense Incurred:	Additional Transportation Expense	Incurred:	Other Expense Incurre	d:
 Proof of hospitalization & medical report Original receipts for telephone charges and internet use expense Benefit Claimed: Compassionate Allowance Child Guard Oversea Hospitalization Allowance Emergency Telephone Charges and Internet Use 	se incurred	Relationship to	ielf Relative Travel Companion	□ Friend

Section F : TRAVEL RELATED INCONVENIENCES

Documents required for the following benefits:	
Travel Misconnection	Travel Re-Route
Written confirmation from Common Carrier confirming the flight	Written confirmation from Common Carrier confirming the reason of re-route
misconnection details and actual departure time of the connecting flight	and the actual arrival time at the destionation
Travel Delay	
• Written confirmation from Common Carrier confirming the delay duration and reason c	of delay

Travel Misconnection	Travel Delay	Travel Re-Route			
	Departure Date & Time	Arrival Date & Time	Flight No.	From	То
Original Itinerary					
Actual Itinerary					
Reason of Delay:	□ Other.Please specif	۶ <u>ــــــــــــــــــــــــــــــــــــ</u>	Carrier Type : [∃Other. Please spec	ify
 Weather Condition Airline Operational Issue 	Equipment FailureTerrorist Act	Natural DisasterStrike	FlightCruise		Train Feny

Section A : TRIP CANCELLATION	Section D : TRIP CURTAILMENT	Section E : TRIP INTERRUPTION
 Documents required for Trip Cancellation Original Payment Receipts with breakdown of the exp Letter from Travel Agent confirming the insured's absection (If nil refund, please state the reason or provide proof or provide provide proof or provide provide proof provide p	enses paid for the trip ence and refund amount • Death Certificate	Proof of Hospitalization (if applicable) (if applicable) hip (such as marriage certificate, birth certificate)
Benefit Claimed		
Trip Cancellation Trip Altera	ion 🗌 Trip Curtailment	Trip Interruption
Reason for Trip Cancellation / Curtailment / Interruption :		Did you purchase return ticket back to Malaysia
Family / Companion's condition Your	medical condition \Box Natural Disaster	before departing from Malaysia?
🗆 You being made redundant 🛛 🗌 Terror	ist Act 🗌 Strike	□ Yes □ No
Other. Please specify		
If the loss is due to medical condition of your im	mediate family member or travel companion, pl	ease state his/her:
Full name :	Relationship to you :	Diagnosis :
Forfeiture of Expenses Paid In Advance (For Trip	Cancellation / Trip Curtailment)	
Amount of accommodation expense forfeited:	Amount of transportation expense forfeited	Cost of excursion/tour forfeited
Have you cancelled the hotel or ticket?	Amount compensated or refunded by airline, hotel or tra	avel agent
□ Yes □ No		
Additional Expenses Paid (For Trip Curtailment /	Trip Interruption / Trip Alteration)	
Note: Travel Interruption means you continue the Documents required for additional Expent • Medical report or proof showing the cause of trip interm • Payment receipt for additional transportation / hotel / • Payment receipt / invoice for expense incurred for contin	se incurred as a result of Trip Curtailmen uption car parking expense	ns you need to return to Malaysia after the event. It / Trip Interruption:
Amount of accommodation expense incurred	Amount of transportation expense incurred	Extended Car Parking in Malaysia expense
		RM

Section I : PERSONAL LIABILITY

Documents required for Personal Liability	
 Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant should be immediately forwarded to us without acknowledgement. 	becomes aware of, and received from the third party claimant,
No liability should be admitted and no settlement or promise of payment should be made to the thir	d party without our prior approval.
Full description of the incident (how, when and where it happened) and the extent of damage / loss :	Claim Amount :
For Personal Liability Claim only	
Full name of Third Party claimant :	Telephone Number :

Section K : CAR RENTAL EXCESS CHAR	GES & RETURN COSTS	
Documents required for Car Rental Excess C	harges & Return Costs	
Car Rental Agreement	 Payment Receipt of Car Rer 	ntal Excess & Return Cost (if applicable)
 Photos showing the condition of damaged vehicle 	 Police Report (if applicable) 	
Full description of the incident (how, when and where it hap	opened) and the extent of damage:	Claim Amount :
Repair Cost Paid By Other Insurance Company:	Repair Cost Paid By You:	Car Rental Return Cost due to your hospital
		confiment:

Section G: G1 - BAGGAGE & LOSS RELATED INC	ONVENIENCE
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Section J: Loss of Home Contents

Documents required for the following benefits:							
Loss of Baggage / Personal Effects / Travel Documents / Money / Loss of Home Contents							
• Police Report detailing the cire	cumstances of loss						
 Insured's account on the exact description of the incident 							
-	picting the cost of lost item and ye	•					
 Demand letter holding the Hotel responsible for the loss and Photographs depicting damages sustained (if loss occurred in a hotel room) Property Irregularity Report & Letter issued by Common Carrier confirming the loss and their offer of compensation (for baggage/ personal effects check-in with common carrier) 							
	-	-					
 Original Receipts for replacement of passport/visa, accommodation, communication, travel and meal expenses incurred (specific for loss of travel documents) Baggage Delay 							
Property Irregularity Report issue	-						
 Baggage Return Delivery Note or Written Confirmation from Common Carrier confirming the delay duration Baggage Damage 							
 Property Irregularity Report issued by Common Carrier Original Purchase Receipt or Repair Receipt 							
Fraudulent Use of Credit C							
• Police Report & Bank Report de	etailing the circumstances of loss a	and result of investigation					
 Credit card bill showing the ur 							
Original payment receipt for re-	eplacing credit card						
Benefit Claimed							
🗌 Baggage Delay		Loss of Personal Money	Loss of Travel Documents				
\Box Loss of Personal Effects \Box		Baggage Damage	Fraudulent Use of Credit Card				
Applicable for Baggage	Delay Claim only						
Flight No :	Arrival Date :	Arrival Time :	Date Receipt of Baggage :	Time Receipt of Baggage :			
				AM			
			DD MM YY	D PM			
Applicable for Loss of De		/ Deveened Par					
Was the loss reported to police/ca			ggage Item / Loss of Home offer compensation in any form (induc				
vides line loss reported to police/ ac							
	No	Yes, please specify:					
here Deer		Original Drive	Data of Burdanas	Original Descript Augiladala?			
ltem Descri	ption	Original Price	Date of Purchase	Original Receipt Available?			
For Fraudulent use of Cr	odit Card						

Unauthorized Transaction	Date of Transaction	Date Reported To Bank	Date Reported To Police

Note: if the space provided is insufficient for your answer, please continue on a separate sheet.