

AIG Malaysia Insurance Berhad

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TRAVEL CLAIM FORM

Claim Summary

| | | | |
|------------------------|----------------|---|---------------------------------|
| Policy Certificate No: | Policy Type | <input type="checkbox"/> Individual | <input type="checkbox"/> Couple |
| | | <input type="checkbox"/> Organization / Company | <input type="checkbox"/> 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: | Mailing Address: |
| Contact No: | Remarks: |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide your social security number: | Type: <input type="checkbox"/> New Claim <input type="checkbox"/> Existing Claim <input type="checkbox"/> Further Claim Travel Guard Case Reference Number, if applicable : |
| Scheduled Travel Period | Incident Time : <input type="checkbox"/> AM <input type="checkbox"/> PM |
| From : DD MM YYYY | Incident Date |
| To : DD MM YYYY | DD MM YYYY |

Incident Summary

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

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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

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| 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):

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|-------------------|------------------|-----------------|
| 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 connection 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)

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|---|--|---|--|--|--|
| Documents required for Medical Expense <ul style="list-style-type: none"> • Medical report or proof of diagnosis • Original hospital billing statement & medical payment receipts • Proof of hospitalization & medical report | | | | | |
| Name of Hospital/Clinic: | | Date Admitted: DD MM YYYY | | Date First Symptom Appeared: | |
| | | Date Discharged: DD MM YYYY | | DD MM YYYY | |
| <input type="checkbox"/> Overseas Medical Expenses <input type="checkbox"/> Overseas Dental Expenses <input type="checkbox"/> Follow Up Medical Treatment in Malaysia | | Name of Doctor Consulted: | | Doctor's Contact (Email Address / Tel No.) : | |
| Date of First Consultation with Doctor/Hospital: | | Nature of Injury/ Diagnosis of Sickness : | | Claim Amount (Please indicate currency): | |
| DD MM YYYY | | | | | |

Section B2 : OVERSEAS MEDICAL ASSOCIATED EXPENSES

Compassionate Visit / Child Guard / Emergency Telephone Charges and Internet Use

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|--|--|---|--|-------------------------|--|
| Documents required for Compassionate Visit/ Child Guard / Oversea Inconvenience Allowance due to Hospitalization <ul style="list-style-type: none"> • Original receipts for accommodation, communication, travel and 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 Telephone Charges and Internet Use <ul style="list-style-type: none"> • Proof of hospitalization & medical report • Original receipts for telephone charges and internet use expense incurred | | | | | |
| Benefit Claimed: | | | Relationship to Insured Person : | | |
| <input type="checkbox"/> Compassionate Allowance <input type="checkbox"/> Child Guard <input type="checkbox"/> Oversea Hospitalization Allowance <input type="checkbox"/> Emergency Telephone Charges and Internet Use | | | <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Travel Companion <input type="checkbox"/> Family Member <input type="checkbox"/> Friend | | |
| Additional Accommodation Expense Incurred: | | Additional Transportation Expense Incurred: | | Other Expense Incurred: | |
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Section F : TRAVEL RELATED INCONVENIENCES

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| Documents required for the following benefits: | | | | | |
| Travel Misconnection <ul style="list-style-type: none"> • Written confirmation from Common Carrier confirming the flight misconnection details and actual departure time of the connecting flight | | | Travel Re-Route <ul style="list-style-type: none"> • Written confirmation from Common Carrier confirming the reason of re-route and the actual arrival time at the destination | | |
| <input type="checkbox"/> Travel Misconnection <input type="checkbox"/> Travel Delay <input type="checkbox"/> Travel Re-Route | | | | | |
| | Departure Date & Time | Arrival Date & Time | Flight No. | From | To |
| Original Itinerary | | | | | |
| Actual Itinerary | | | | | |
| Reason of Delay: | | | Carrier Type : | | |
| <input type="checkbox"/> Weather Condition <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Airline Operational Issue <input type="checkbox"/> Terrorist Act <input type="checkbox"/> Strike | | | <input type="checkbox"/> Flight <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Ferry | | |

Section A : TRIP CANCELLATION

Section D : TRIP CURTAILMENT

Section E : TRIP INTERRUPTION

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| Documents required for Trip Cancellation/Alteration/Curtailment/Interruption: <ul style="list-style-type: none"> • Original Payment Receipts with breakdown of the expenses paid for the trip • Letter from Travel Agent confirming the insured's absence and refund amount (If nil refund, please state the reason or provide proof of denial from relevant parties) • Medical Report & Proof of Hospitalization (if applicable) • Death Certificate (if applicable) • Proof of relationship (such as marriage certificate, birth certificate) | | |
| Benefit Claimed <input type="checkbox"/> Trip Cancellation <input type="checkbox"/> Trip Alteration <input type="checkbox"/> Trip Curtailment <input type="checkbox"/> Trip Interruption | | |
| Reason for Trip Cancellation / Curtailment / Interruption : <input type="checkbox"/> Family / Companion's condition <input type="checkbox"/> Your medical condition <input type="checkbox"/> Natural Disaster <input type="checkbox"/> You being made redundant <input type="checkbox"/> Terrorist Act <input type="checkbox"/> Strike <input type="checkbox"/> Other. Please specify _____ | | Did you purchase return ticket back to Malaysia before departing from Malaysia? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the loss is due to medical condition of your immediate family member or travel companion, please 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount compensated or refunded by airline, hotel or travel agent | |
| Additional Expenses Paid (For Trip Curtailment / Trip Interruption / Trip Alteration) | | |
| Note: Travel Interruption means you continue the trip after the event while Trip Curtailment means you need to return to Malaysia after the event. | | |
| Documents required for additional Expense incurred as a result of Trip Curtailment / Trip Interruption: <ul style="list-style-type: none"> • Medical report or proof showing the cause of trip interruption • Payment receipt for additional transportation / hotel / car parking expense • Payment receipt / invoice for expense incurred for continuing your trip | | |
| Amount of accommodation expense incurred | Amount of transportation expense incurred | Extended Car Parking in Malaysia expense RM |

Section I : PERSONAL LIABILITY

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| Documents required for Personal Liability <ul style="list-style-type: none"> • Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. No liability should be admitted and no settlement or promise of payment should be made to the third 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 : |
| Full name of witness(es) if any : | Telephone Number : |

Section K : CAR RENTAL EXCESS CHARGES & RETURN COSTS

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|---|--------------------------|--|
| Documents required for Car Rental Excess Charges & Return Costs <ul style="list-style-type: none"> • Car Rental Agreement • Photos showing the condition of damaged vehicle • Payment Receipt of Car Rental Excess & Return Cost (if applicable) • Police Report (if applicable) | | |
| Full description of the incident (how, when and where it happened) 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 confinement: |

