STUDENT ASSIST CLAIM FORM

PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

Required documents – For all travel claims please submit air tickets and boarding pass. For annual plans, please provide a copy of the passport showing duration of trip. We reserve the right to request for additional information. To enable us to process your claim expeditiously, please return the duly completed Claim Form with supporting documents.

Please direct the claim form and all correspondence to:

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #09-16 Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. ("AIG"). Any documentary proof or report required by AIG shall be furnished at the expense of the Policyholder or Claimant.

Please note that information you provide in this claim form will be used for the purposes of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds. If you wish for us to update any of your information in our records, please contact our customer service representatives at 6419 3000, Mondays to Fridays, between 9am and 5pm. Alternatively, you may contact us at www.aig.sg/contact-online.

General Information: Documents required - For all travel claims please submit air tickets and bording pass. For all annual plans, please provide a copy of the passport showing duration of trip.

POLICY HOLDER INFORMATION

Policy Holder's Name	☐ Mr. ☐ Mrs. ☐ Ms.	Policy No.	
Contact Details	..... (Residential) ..... (Mobile) ..... (Email)		

CLAIMANT INFORMATION (please complete if different from Policy Holder)

Claimant's Full Name	☐ Mr. ☐ Mrs. ☐ Ms.	Identity Card / Passport No.	
First Name		Last Name	
Are You a US Citizen?	☐ Yes ☐ No If 'Yes', Please Provide Your Social Security No. (SSN)	Marital Status	☐ Single ☐ Married
Date of Birth	D D M M Y Y Y Y	Sex	☐ Male ☐ Female
Contact Details	..... (Residential) ..... (Mobile) ..... (Email)		
Relation to Policy Holder			

1. Please indicate your case number, if you have contacted Travel Guard before .....
2. Have you submitted any claims to / through Travel Guard? ☐ Yes ☐ No
3. If yes, please select the type of claims submitted ☐ Medical Expenses ☐ Medical Evacuation / Repatriation ☐ Others (Please specify)

PREFERRED MAILING ADDRESS

Preferred Mailing Address	

TO BE COMPLETED BY AGENT / BROKER (if applicable)

Producer Code		Branch	
Name of Producer / Company Name			
Contact Person		Telephone No.	
Mailing Address			
Preferred Method of Communication	☐ Mail ☐ Email Email Address		

FLIGHT DETAILS

Purpose of Travel	☐ Study ☐ Leisure ☐ Others (Please Specify) .....

Was a Credit Card used to purchase some or all of the journey arrangement? ☐ Yes ☐ No

- If yes, please state the first six digits of the credit card used .....
- If yes, please advise the amount settled by the credit card .....

• Date and Time of Departure from Singapore	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
• Date and Time of Return to Singapore	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM

ACCIDENT RELATED CLAIM ONLY

(a) Date and Time of Accident	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
(b) Where did the accident occur?	
(c) How did the accident occur?	
(d) Injuries Sustained	

(e) If you had a history of similar injury, which you have experienced in the past, please give details as to when, where and from whom you received medical diagnosis, treatment, consultation or prescribed drugs.

(f) Disablement Commencement	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM	(g) Date of Death	D D M M Y Y Y Y
(h) Are you still suffering the above stated disability?	☐ If yes, please advise the expected date and time of returning to work D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM ☐ If no, please advise the date and time of returning to work D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM		
(i) Have you sustained any fractures from this accident?	☐ Yes ☐ No If yes, please advise the type of fracture		
(j) Have you sustained a burn injury from this accident?	☐ Yes ☐ No If yes, please provide the following information ☐ Head ☐ Body Degree of Burn		
(k) Have you lodged a police report?	☐ Yes ☐ No Date of Report D D M M Y Y Y Y	Police Station that you lodged report?	
(l) Name and address of any witness of the incident			
(m) Was the sum insured or benefits of your policy based on your monthly salary?	☐ Yes ☐ No If yes, please advise the last drawn salary prior to the accident		

(n) Please furnish the details of any hospitalization in connection with this injury.

Name of Hospital	Admission Date (DD-MM-YYYY)	Date Discharged (DD-MM-YYYY)	Admission No.	Type of Ward

(o) Please provide information on your first consultation.

Doctor Consulted			
Doctor's Address			
Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(p) Please provide information of your regular doctor.

Regular Doctor			
Regular Doctor's Address			
Regular Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

ILLNESS RELATED CLAIM ONLY

Claim Description (fill in items that apply)
(a) Give a brief description of the illness suffered.

(b) Answer the questions pertaining to your condition stated above.

i) Are there any symptoms which are or were evident for this condition? If yes, please advise the date of onset of the symptoms. D D M M Y Y Y Y

ii) Have you been recommended to receive or received treatment, advice or diagnosis for this condition? If yes, please advise the date of your 1st consultation. D D M M Y Y Y Y

(iii) Please describe the symptoms you experienced.

(c) Please provide information on your first consultation.

Doctor Consulted			
Doctor's Address			
Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(d) Please provide information of your regular doctor.

Regular Doctor			
Regular Doctor's Address			
Regular Doctor's Contact No.		Doctor's File Ref No. (if applicable)	

(e) Please furnish the details of any hospitalization in connection with this illness.

Name of Hospital	Admission Date (DD-MM-YYYY)	Date Discharged (DD-MM-YYYY)	Admission No.	Type of Ward

(f) Have any of your family members experienced this similar or related illness? If yes, please provide details.

Relationship of Family Member	Nature of Illness	Date Diagnosed (DD-MM-YYYY)	If Deseased, Date (DD-MM-YYYY)	Age

(g) Are there any other illness / complaints suffered by you prior to this event? If yes, please provide details.

TRAVEL DELAY

Please tick the appropriate box	☐ Travel Delay ☐ Misconnection ☐ Flight Overbooking ☐ Flight Diversion
Location of Incident causing the claim	
Causes	☐ Earthquake ☐ Fire ☐ Tsunami ☐ Volcano Eruption ☐ Extreme Weather ☐ Airspace / Multiple Airport Closures ☐ Strike Riot, Civil Unrest, Civil Commotion ☐ Carrier Defect ☐ Terrorism ☐ Others (please specify)
Carrier Type	☐ Aircraft ☐ Bus ☐ Train ☐ Others (please specify) .....
Original Flight Details	Departure Date and Time D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM Location ..... Arrival Date and Time D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
Actual Flight Details	Departure Date and Time D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM Location ..... Arrival Date and Time D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
Actual Arrival of incoming connecting carrier from airport / ferry port, etc (For travel misconnection only)	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
Length of Delay	HOUR : MINS
Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of the delay.	
Did you receive any compensation from the service provider? (e.g.: airline, cruise company, etc)	☐ Yes ☐ No If yes, please provide details on the compensation or cash settlement amount received ..... If no, please provide evidence of denial of compensation from the service provider .....

BAGGAGE DELAY

Planned Arrival Date	D D M M Y Y Y Y	Actual Arrival Date	D D M M Y Y Y Y
Planned Arrival Time	HOUR : MINS ☐ AM ☐ PM	Actual Arrival Time	HOUR : MINS ☐ AM ☐ PM
Place of Departure			
Did you receive any compensation from the service provider? (e.g.: airline, cruise company, etc)	☐ Yes ☐ No If yes, please provide details on the compensation or cash settlement amount received ..... If no, please provide evidence of denial of compensation from the service provider		

PERSONAL BAGGAGE, LAPTOP COMPUTER AND TRAVEL DOCUMENTS

Please tick the appropriate box	☐ Baggage Loss ☐ Loss of Laptop Computer ☐ Loss of Travel Documents
Cause of Loss	☐ Destroyed or Lost due to Natural Disaster: ☐ Earthquake ☐ Fire ☐ Tsunami ☐ Volcano Eruption ☐ Extreme Weather ☐ Others (please specify) ..... ☐ Robbery, Burglary, Theft ☐ Damage or Lost while held by Airline or Service Provider
Please provide details on the circumstances surrounding the incident and the precautions taken to protect your property	
Where did the loss / theft / damage occur?	
Date and time of the loss / theft / damage	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
To whom the incident was reported (e.g.: police, airline, cruise company, etc)	
Date and time reported	D D M M Y Y Y Y HOUR : MINS ☐ AM ☐ PM
Were your items in the custody of the carrier / service provider?	☐ Yes ☐ No — Service Provider Contact No.

Did you receive any compensation from the service provider? (e.g.: police, airline, cruise company, etc)	☐ Yes ☐ No If yes, please provide details on the compensation or cash settlement amount received ..... If no, please provide evidence of denial of compensation from the service provider .....
Where were the items located at the time of the loss, theft or damage?	
Any Action taken to attempt the recovery of your property?	☐ Yes ☐ No If yes, please provide details on the compensation or cash settlement amount received ..... If no, please provide details for not providing recovery .....

Details of damaged, stolen, destroyed or lost personal effects (continue on a separate sheet if necessary). Please provide full details of each item claimed for. (For cameras, include the make and model number, lens details etc. For jewellery include nature and quality of metal content, type of stone etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided whenever possible.

Description of item	Owner's Name	Place of Purchase	Date of Purchase	Purchase Method	Purchase Price

Loss of Travel Documents

Please detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary)

Owner's name	Description	Date	Amount	Currency
	Additional Travel Expenses			
	Additional Accomodation Costs			
	Travel Documents Replacement Costs			
	Total Expenses			

PERSONAL LIABILITY ABROAD

Which of the following are you being held liable for?	☐ Damages ☐ Medical Compensation		
Please provide details of the circumstances			
Please provide details on the extent of damages or injuries sustained by the other party / person (please attach photos)			
Have you instructed solicitors to represent you at this time?	☐ Yes ☐ No If yes, please provide the name of solicitors ..... Solicitors Contact No.		
Was the accident due to carelessness or negligence on your part?	☐ Yes ☐ No	Have you in any way admitted liability?	☐ Yes ☐ No
Name and address of any witness to the incident		Name and address(es) of the other party / parties	
If any, which Police Officer and Police Station did you report the occurrence?			
If a claim has been made upon you, was the amount of such claim specified?	☐ Yes ☐ No If yes, please state the amount		
Please provide any additional information which you consider would help us in dealing with any claim that may be made against you			

COMPASSIONATE VISIT / HOSPITAL VISITATION

Reason for additional travel and accommodation expenses?	☐ Death ☐ Sickness / Injury			
Please provide description of loss				
Period of Hospitalization from	D D M M Y Y Y Y to D D M M Y Y Y Y			
Please state their name and relationship to you	Name		Relationship	
Details of accommodation expenses and additional travel expenses (Continue on a separate sheet if necessary)				

Item	Amount
Accommodation Costs	
Additional Travel Expenses	
Others, please specify	
Total Expenses	

OTHERS

In respect of any other claim, which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space is insufficient for such details, please attach another page.

DETAILS OF YOUR OTHER INSURANCE OR COMPENSATION CLAIMS

Details of your claims other than this insurance policy (i.e. other insurance policies, third party and others)

Name of Isurer / Third Party	Policy / Reference Number	Type of Benefit	Have you filed a claim?	Amount Claimed

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

Have your other claims been paid by the other policies above? ☐ Yes ☐ No

PAYMENT DETAILS

Electronic Funds Transfer (Payment in SGD and to bank accounts in Singapore only)

Please provide details for the payment of this claim in the event that this claim is deemed payable by AIG. In such an event, this claim shall be payable to the relevant insured person only.

Payee Name (name as per bank account) .....

Name of Bank .....

Bank Code Branch Code Account Number .....

Email address (if different from above) .....
Notification of payment will be sent to this email address.

Important Notice:
AIG shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing AIG with an inaccurate bank account number under this section for the payment of this claim.

ACKNOWLEDGEMENT AND DECLARATION

I declare that to the best of my knowledge and belief that all the above information and particulars are complete, true and accurate and without reservation of any kind. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein. I agree to the conditions set out at the beginning of this claims form.

I authorise any hospital doctor, other person who attended or examined me, to furnish to AIG, and / or it's authorised representatives, any and all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

I authorize AIG to release any payment payable to me under this claim via electronic funds transfer to the bank account provided by me under the Payment Details section. I understand and acknowledge that AIG shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by me, as a result of me providing AIG with an inaccurate bank account number under the Payment Details section for the payment of this claim.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his / her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause below and the individual agrees and consents, that AIG may collect, use and process my / his / her personal information as follows:

(a) the personal information collected in this form (or otherwise provided during the course of the claim process, including by way of call recordings) may be collected, used and disclosed by AIG to:
   (i) process and administer this insurance claim;
   (ii) assess, investigate, adjust and make a decision on this claim;
   (iii) administer my insurance policy (including pursuing recovery from reinsurers or other parties);
   (iv) deal with disputes and complaints,
   (v) respond to requests for information from public and governmental / regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes;
   (vi) respond to requests from the policyholder;
   (vii) carry out due diligence or other screening activities (including background check(s)) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by AIG;
   (viii) compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
   (ix) manage AIG's infrastructure and business operations; and
   (x) for other purposes stated in AIG's Data Privacy Policy.

(b) AIG may transfer the personal information to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above:
   (i) third parties providing services related to the administration of my policy (including reinsurers) and processing of my claim;
   (ii) AIG's agents;
   (iii) brokers, my authorised agents or representatives or next-of-kin;
   (iv) the policyholder;
   (v) legal process participants and their advisors;
   (vi) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums;
   (vii) other financial institutions for the purpose of administering this claim, obtaining policy payments;
   (viii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers, external auditors;
   (ix) another member of the AIG group (for all of the purposes stated in (a)) in any country; or
   (x) other parties referred to in AIG's Data Privacy Policy for the purposes stated therein.

Note: The full version of AIG's Data Privacy Policy can be found at www.aig.sg/privacy.

..... Date Signed D D M M Y Y Y Y

Signature of Claimant

..... Date Signed D D M M Y Y Y Y

Signature of Policy Holder

Name		Designation	
Company Stamp			

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way #09-16
Singapore 079120
www.aig.sg
Co. Reg. No. 201009404M