Premier Client Solutions Claim Form



The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information / documentation as we deem necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing of your claim or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

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 AlG Asia Pacific Insurance Pte. Ltd. ("AlG"). Any documentary proof or report required by AlG 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 AIG holds. If you wish 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 send us an email via www.aig.sg/contact-online.

Instructions for Completing the Premier Client Solutions Claim Form

Complete the following sections:

- Particulars of Policyholder / Insured
 - Payment Details
- Section 1 Description of Incident
- > Section 2 Details of Loss and/or Damage to Insured Article / Property (for lost and damage claim only)
- Section 3 Liability Claims Details (for liability claim only)
- Section 4 Declaration

Please refer to the appended Premier Client Solutions Claims Procedures for more information about the procedures of submitting a claim and the supporting documents required.

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|---|----------------------------------|--------------|--------------|---------------|-------|--|
| Name of Policyholder / Insured: | | Salutation: | □ Dr □ Mr | □ Ms □ Mrs | □ Mdm | |
| Policy No: | Nationalit | y: | | | | |
| Address: | | | | | | |
| Mobile: | Office / R | esidence: | | | | |
| Email Address: | | | | | | |
| | | | | | | |
| 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 (as per bank account) | | | | | | |
| Bank Name | | Bank Code: | | | | |
| Bank Account No: | | Branch Code: | | | | |
| Notification of payment will be sent to t | he email address provided above. | | | | | |

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.

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Premier Client Solutions Claim Form



| Section 1 – Description of Inc | cident | | | | | | |
|--|------------------------|------------------------------|-------------------------------|----------------------------------|-------------------|-------|---------|
| Date: | | | 7 | Time: | | | |
| Place: | Country of Occurrence: | | | | | | |
| Please explain (in detail) how the i | ncident o | ccurred: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Section 2 – Details of Loss a | nd/or Da | amage to Ins | sured Artic | le / Property | | | |
| Description of Articles / Property da and/or lost | ımaged | Original Purchase Date | Original Purchase Price | Repair / Replacement Quote | Amount Claimed | | Remarks |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For article / property that has been lost (not limited to robbery, burglary or theft) or maliciously damaged, it must be reported to the police within 24 hours. | | | | | | | |
| Name of Police Station / Post | | | | Reporti | ing Date and | Time: | |
| If the loss was NOT reported to the police, please state the reason(s): | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Are you the sole owner of the lo If No, please furnish: | st and/or | damaged ar | ticle / prope | rty? □ Yes I | □ No | | |
| Name: | | | | | Relations | hip: | |
| Contact No: | | | Email: | | | | |
| Is there any other Policy of Insurance in force covering you in respect of this event? ☐ Yes ☐ No If Yes, please furnish: | | | | | | | |
| Name of Insurance Co: | | | | | | | |
| Policy No: | | | | Type of | f Policy: | | |
| Was the loss and/or damage caused by any Third Party (other than Family Member)? ☐ Yes ☐ No If Yes, please furnish: | | | | | | | |
| Name: | | | | | Contact N | lo: | |
| Email: | | | | | | | |
| Are there any eye witnesses? ☐ Yes ☐ No If Yes, please furnish: | | | | | | | |
| Name: | | | | NRI | IC/Passport N | No: | |
| Contact No: | | | Email: | | | | |

Premier Client Solutions Claim Form



| Section 3 – Liability Claims Details | | | | | |
|--|---------------|-------------------------|---------------------------------|--------------|------------------------------|
| Has any claim been made upon you? ☐ Yes ☐ No If Yes, please furnish the Third Party details | | | | | |
| Name: | | | | Amount Claim | ned: |
| Contact No: | | | Email: | | |
| Address: | | | | | |
| Your relationship wit | h the Third | Party? | | | |
| □ Friend □ Relative □ Not related □ Others, please specify | | | | | |
| Have you admitted re | esponsibility | y in any way? □ Yes | □ No | | |
| ii res, piease iuriiisii | uetalis. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Is there any other Po If Yes, please furnish | licy of Insu | rance in force covering | g you in respect of th | is event? □ | Yes □ No |
| Name of Insurance Co |): | | | | |
| Policy No: | | | Type of I | Policy: | |
| Describe the article/p | property tha | it was damaged: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Describe the nature a | and extent o | of the damage: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Approximate value o the article / property | | | Estimated cost rectify the dama | | |
| Name / Address / Co | ontact No | Occupation | Relationship | Age | Nature of Injuries / Remarks |
| | | | | | |
| | | | | | |
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Premier Client Solutions Claim Form



Section 4 - Declaration

I/We declare that I/we have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit from the policy by any fraud or wilful misrepresentation. The information shown on this form is true and accurate and that I/we have not withheld any information relating to this claim. I/We agree to the conditions set out at the beginning of this claim form.

I, HEREBY DECLARE that to the best of my knowledge and belief, the above particulars as declared by me above are true and complete in every respect and are made without reservation of any kind.

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 contained 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;
 - (x) verify and update my No Claims Discount ("NCD") and
 - (xi) 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 and for NCD verification and update;
 - (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.

| Signature of Policyholder | | Date | |
|---------------------------|--------|------|--|
| Doutioulous of Amout | | | |
| Particulars of Agent | | | |
| Name: | | | |
| Contact No: | Email: | | |

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #09-16 Singapore 079120
Tel: 6419 3000

Co. Reg. No. 201009404M

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Premier Client Solutions

Claims Procedures



AIG is committed to delivering prompt, skilful and knowledgeable claims service that meets our clients' unique needs, whenever and wherever a loss occurs. This claims guide provides information about the procedures of submitting a claim.

What to do in the event of a loss

For loss to building, or additions and alterations which requires immediate emergency assistance, please call AIG at 6419 3099 for Premier Client Solutions (PCS) Emergency Home Assistance.

Step 1

- Take all necessary measures to prevent and avoid further loss or damage to your article / property.
- Do not dispose of any damaged article/property without AIG's prior approval. We may require them for inspection and/or to be surrendered for salvage purposes.
- Lodge a police report immediately if the article/property is lost and/or damaged due to robbery, burglary, theft or a malicious act.
- For cases involving bodily injury or damage to article/property of a Third Party, do not make
 any admissions, offers, settlements, promises or payment, or conduct any negotiations, without
 our prior written consent. Note down the particulars of the Third Party with details of the nature
 and extent of the Third Party's claim. These should be provided to AIG promptly so we can
 take over conduct of the claim.
- Notify your agent, broker or AIG at:

AIG PCS Claims Unit (Mondays to Fridays, 9am to 5pm)

Telephone Number: 6419 1969

Email: PCS ClaimsCareUnit@aig.com

Step 2

Obtain a copy of the PCS Claim Form via:

- Your agent or broker
- The AIG PCS Homepage
- Call AIG PCS Claims Unit

Complete the claim form and mail it to us along with the relevant supporting documents, within 30 days of the incident.

Premier Client Solutions

Claims Procedures



Supporting documents for Contents and Liability claims

This is a list of the basic supporting documents that should be submitted along with the PCS Claim Form. You may incur administrative fees for the search/retrieval of some of these documents. AIG may also request for additional documents in the course of the claims assessment.

| Damaged Property | Original purchase receipts, valuation, warranty card and photograph of the damage article / property. Diagnostic report by repairer on the cause and extent of damage inclusive of repair quotation or written confirmation with reasons stating why the article / property is beyond repair. Replacement quotation or receipt if the article/property has been certified damaged beyond repair. Police report (if a malicious act is involved). |
|---------------------|---|
| Lost Property | Police report Airlines Property Irregularity Report Original purchase receipts, valuation, warranty card and photograph of the lost article / property. Replacement quotation or receipt for the lost article / property. |
| Liability | All relevant writs, summons, correspondence and documents served on you by any Third Party. Photographs of damaged Third Party property, if available. |

What happens after a claim has been submitted

- AIG will acknowledge the claim submission within one business day.
- Straight-forward claim that are submitted with complete documentation will be processed within seven business days.
- For Complex claim, AIG may require additional information or documents from you. Upon
 receipt of all relevant information and/or documents, AIG or our appointed adjuster will liaise
 with you and provide you with periodical updates on the progress of the claim.

At AIG, we treat every claim carefully and we are ready to assist you by taking the stress out of the claims process. We will go the extra mile to ensure that the experience is hassle-free for everyone involved, allowing you to pursue life with certainty.