CLAIM FORM - PERSONAL ACCIDENT

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured in full_____

Business Address_____ PIN No.:_____

Name of Contact Person: _____ Position: _____

Private Address: _____ Postal Code:_____ Town: _____

Physical Address: Bldg:_____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone: _____

E-Mail Address:_____

Policy Number: _____

SECTION B : TECHNICAL DETAILS

NOTE:
All supporting documents MUST be submitted together with this form in order to avoid any unncecessary delays.

SECTION 1

Type of claim: (Tick the appropriate block)

☐ Death/Personal Accident ☐ Medical

1. Date of Injury_____

2. Place of Injury_____

SECTION 2

DEATH/PERSONAL ACCIDENT

1. Description of Accident:_____

2. Attach (a) Police (or other suitable Authority Report)
   (b) Medical Reports
   (c) Death Certificate (if applicable)
   (d) Inquest and Post-Mortem reports

2.1 Did you consult a Medical Practitioner? **(Tick the appopriate block)** YES ☐ NO ☐

If YES, Name of Practitioner:_____ Tel. No:_____

AIG, Eden Square Complex, Chiromo Road, P.O. Box 49460 - 00100 Nairobi, Kenya
Tel: 020 - 3676000 / 3751800, Fax: 020 - 3676001 / 2
E-Mail: aigkenya@aig.com Website: www.aig.com

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SECTION C : DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name:_____

Signature: _____ Date: _____

(If Corporate):

Name:_____ Designation _____

Company Stamp and Date: