

# CLAIM REPORT FORM

## Liability

### Important Information

The provision of this form by AIG is not an admission of liability or acceptance by AIG of your claim.

1. The Privacy Consent must be completed for all claims.
2. To avoid delay in processing your claim please ensure all sections are completed and necessary documentation specified in the section relevant to your claim is sent with this claim form.

### Section I. Policyholder Details

Policyholder Name:		Policy Number:	
Address:			
Contact Person:		Contact Telephone Number:	
Contact Email Address:		ABN:	
What percentage of the GST has been claimed on the premium?	%		
As a subsidiary of a US company we are required to comply with the US Government’s Medicare Secondary Payer Mandatory Insurer Reporting:	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If ‘Yes’, then please supply your Social Security Number:		

### Section II. Claimant’s Details

Claimant’s Name:	
Claimant’s Address:	
Claimant’s Telephone Number:	
Claimant’s Date of Birth (where applicable):	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

### Section III. Claim Details

(a) When did the loss/accident occur?	
Where did the loss/accident occur?	
When was the loss/accident first reported to you?	

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(b) Please provide us with a brief description of the loss or accident.

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(c) Please provide a brief description of injuries (where applicable).

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(d) Please provide a brief description of property damaged, including approximate value (where applicable).

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(e) Please provide details of any witnesses.

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(f) Have any claims been made? If 'Yes', please provide details.

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Yes

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No

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## Section IV. Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Please note that we will only request for and rely on information that is relevant in assisting us to process your claim. However, failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Where we transfer information to another country, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law.

Our Privacy Policy [www.aig.com.au/privacy-policy](http://www.aig.com.au/privacy-policy) is available at [www.aig.com.au](http://www.aig.com.au) or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Section V. Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

Name:									
Signature:									
Date:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Please submit your claim form and supporting documents to:

Email: [liabilityclaims@aig.com](mailto:liabilityclaims@aig.com)  
Telephone: 1800 339 663  
AIG Claims Dept.  
GPO Box 4363, Melbourne, VIC 3001

AIG recognises that some customers require additional support when dealing with us. AIG has a range of inclusive support initiatives to assist customers with specific needs. If you have a physical or mental illness, financial challenges, difficulty understanding or reading English we can help. Please visit <https://www.aig.com.au/customer-care> for more information on how we can assist you. Alternatively, you can speak to our Customer Care team by calling 1300 295 016 or email us at [aucustomer@care@aig.com](mailto:aucustomer@care@aig.com)

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



American International Group, Inc. (AIG) is a leading global insurance organisation. AIG member companies provide insurance solutions that help businesses and individuals in approximately 70 countries and jurisdictions protect their assets and manage risks. AIG common stock is listed on the New York Stock Exchange. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Coverage is subject to the insurance contract and actual policy language. Non-insurance products and services may be provided by independent third parties. In Australia, insurance products and services are provided by AIG Australia Ltd (ABN 93 004 727 753 AFSL 381686). Copyright AIG Australia Ltd July 2024



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