

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

Fully completed & signed Travel Claim Notification Form Proof of Travel (Travel Itinerary or e-Ticket or Boarding Pass)

Bank Account Details for E-Payment

Account Holder's Name (must be in the name of Policy holder):	Bank Name:
Account Holder's ID (must be same as bank record): <input type="checkbox"/> NRIC (new) <input type="checkbox"/> Passport No <input type="checkbox"/> NRIC (old) <input type="checkbox"/> Business Registration No	Bank Account No. :
Email Address:	

To be completed by Agent/Broker (if applicable):

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

*** Please fill up all relevant fields here, especially Incident Date, Incident Summary and Bank Account Details.**

Section B1 : OVERSEAS MEDICAL EXPENSES (including Daily Hospitalization Income)

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

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:	

Section F : TRAVEL RELATED INCONVENIENCES

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 		
Travel Delay <ul style="list-style-type: none"> • Written confirmation from Common Carrier confirming the delay duration and reason of delay 					
<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"/> Natural Disaster <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Airline Operational Issue <input type="checkbox"/> Terrorist Act <input type="checkbox"/> Strike <input type="checkbox"/> Other. Please specify _____			<input type="checkbox"/> Flight <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Ferry <input type="checkbox"/> Other. Please specify _____		

Section A : TRIP CANCELLATION

Section D : TRIP CURTAILMENT

Section E : TRIP INTERRUPTION

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 forfeited: _____	Amount of transportation expense forfeited _____	Extended Car Parking in Malaysia expense RM _____

Section I : PERSONAL LIABILITY

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

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: _____

Section G: G1 - BAGGAGE & LOSS RELATED INCONVENIENCE

Section J: Loss of Home Contents

Documents required for the following benefits:
Loss of Baggage / Personal Effects / Travel Documents / Money / Loss of Home Contents

- Police Report detailing the circumstances of loss
- Insured's account on the exact description of the incident
- Original Purchase Receipts depicting the cost of lost item and year of purchase
- Demand letter holding the Hotel responsible for the loss and Photographs depicting damages sustained (if loss occurred in a hotel room)
- Property Irregularity Report & Letter issued by Common Carrier confirming the loss and their offer of compensation (for baggage/ personal effects check-in with common carrier)
- Original Receipts for replacement of passport/visa, accommodation, communication, travel and meal expenses incurred (specific for loss of travel documents)

Baggage Delay

- Property Irregularity Report issued by Common Carrier
- Baggage Return Delivery Note or Written Confirmation from Common Carrier confirming the delay duration

Baggage Damage

- Property Irregularity Report issued by Common Carrier
- Original Purchase Receipt or Repair Receipt

Fraudulent Use of Credit Card

- Police Report & Bank Report detailing the circumstances of loss and result of investigation
- Credit card bill showing the unauthorized transaction
- Original payment receipt for replacing credit card

Benefit Claimed :

Baggage Delay
 Loss of Personal Money
 Loss of Travel Documents
 Loss of Personal Effects
 Baggage Damage
 Fraudulent Use of Credit Card

Applicable for Baggage Delay Claim only

Flight No :	Arrival Date :	Arrival Time :	Date Receipt of Baggage :	Time Receipt of Baggage :
			DD MM YY	<input type="checkbox"/> AM <input type="checkbox"/> PM

Applicable for Loss of Personal Money / Travel Documents / Personal Baggage Item / Loss of Home Contents

Was the loss reported to police/common carrier/hotel?	Did the common carrier/hotel offer compensation in any form (including repair / replacement)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No offer

Item Description	Original Price	Date of Purchase	Original Receipt Available?

For Fraudulent use of Credit Card

Unauthorized Transaction	Date of Transaction	Date Reported To Bank	Date Reported To Police

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