



AIG Europe S.A.

Greece Branch

119 Kifissias Ave, 15124 Maroussi, Tel: +302108127600, Fax: +302108027189

Email: Info.Gr@aig.com, Url: www.aig.com.gr

Thessaloniki: 42 Marinou Antipa str, 57001 Pilaia, Thessaloniki, Greece,

Tel: +302310474999, Fax: +302310474980

TRAVEL INSURANCE CLAIM FORM

Claimant Information

INSURED PERSON'S NAME:.....

DATE OF BIRTH:...../...../..... TEL. NUMBER:..... POLICY NUMBER:.....

HOME ADDRESS:.....

VAT NO:..... TAXATION OFFICE:.....

TRAVELLING WITH COMPANION/(S)?.....

PLACE WHERE INCIDENT, LOSS ACCIDENT OR ILLNESS OCCURRED:.....

DATE:...../...../..... TIME:.....

DESCRIPTION OF THE INCIDENT LOSS, ACCIDENT OR ILLNESS:.....

ARE THERE ANY OTHER POLICIES OF INSURANCE IN FORCE COVERING YOU IN RESPECT OF THIS EVENT? YES NO

If yes specify.....

(A) Personal Accident – Medical & Associated Expenses

Please attach: a) copy of your ticket, b) original medical report from hospital or treating doctor c) original medical receipts and bills.

DID YOU CALL TRAVEL GUARD ASSIST? YES NO WHEN: REFERENCE/ CASE NUMBER:.....

HAVE YOU EVER SUFFERED THIS OR A SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS ILLNESS OR INJURY? YES NO

IF YES, SPECIFY:

NATURE OF ACCIDENT (DETAILED).....

NATURE OF ILLNESS (EXACT NATURE OF PATHOLOGY).....

WHAT TREATMENT HAS BEEN GIVEN:.....

NAME ADDRESS AND TELEPHONE NUMBER OF YOUR ATTENDING PHYSICIAN:.....

STATE NET AMOUNT CLAIMED.....

(B) Trip Cancellation/Curtailment

Please attach: a) doctor or hospital report, b) death certificate c)relativity certificate d) ticket or travel package cost e) details of compensation received from travel agent, tour operator or airline.

WHEN AND WHERE WAS THE TRIP/ HOLIDAY BOOKED?...../...../.....

INTENDED DEPARTURE DATE/...../..... DATE CANCELLED/...../.....

WHY WAS TRIP CANCELLED?.....

INITIAL AMOUNT PAID BY YOU:.....AMOUNT RECOVERED FROM OTHER SOURCES:.....AMOUNT CLAIMED:.....



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(C) Luggage & Personal Effects

Please attach: a) copy of your ticket, b) boarding pass, c) baggage tags, d) Property Irregularity Report, e) written confirmation from the Common Carrier of any compensation received.

NAME OF AIRLINE/CARRIER, POLICE STATION, OR OTHER AUTHORITIES WHERE REPORT LODGED

.....

DATE OF TRAVEL/...../.....

DEPARTURE

DATE:...../...../..... TIME:.....:.....:..... PLACE:.....

ARRIVAL

DATE:...../...../..... TIME:.....:.....:..... PLACE:.....

Give details of amount claimed:

Item	Description	When and where purchased	Original purchase price	Depreciation for wear and tear	Amount Claimed

(D) Baggage Delay

Please attach: a) copy of your ticket, b) boarding pass, c) baggage tags, d) written confirmation from the Common Carrier on the duration of the delay and reasons for the delay, e) written confirmation from the Common Carrier of any compensation received.

Flight Details		Collection of Delay Baggage	
Arrival Date:		Date:	
Arrival Time:		Time:	
Place of Departure:		Place:	
Name of Airline:			



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(E) Flight Delay

Please attach: a) flight itinerary, b) boarding pass, c) written confirmation from the Common Carrier on the duration of the delay and reasons for the delay, e) written confirmation from the Common Carrier of any compensation received, e) original invoices/receipts of any emergency expenses incurred due to delay.

Original Flight Details	Delayed Flight Details
Date:	Date:
Time:	Time:
Place of Departure:	Place of Departure:
Flight No.	Flight No.
Name of Airline	Name of Airline

List of reasonable emergency expenses you incurred due to delay : List of reasonable emergency expenses you incurred due to delay :

Description	Date & Time of Purchase	Purchase Price

IMPORTANT NOTE

The above are the minimum requirements in order to evaluate and process your claim. The Insurance Company reserves the right to request additional, detailed supporting documents and information should the particular instance/ case so require.

DECLARATION

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be avoid and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.



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How we use Personal Information

In connection with the assessment of your claim, we will collect, use and disclose certain Personal Information about you and any other people to which the claim relates. This will include Sensitive Personal Information concerning, among others, health and medical conditions, racial or ethnic origin etc.

Please note that Personal Information about someone else should only be provided with that individual's express permission to share his/her Personal Information with us. Therefore, before providing us with Personal Information about someone else, you must (unless we agree otherwise) tell that individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share his/her Personal Information with us.

Where we collect, use or disclose your Sensitive Personal Information, we will do so with your explicit consent and as otherwise permitted by law.

CONSENT

In certain circumstances we, AIG Europe S.A. (Greece Branch) need your consent to collect, use and disclose your Personal Information. The Personal Information includes among others, health and medical conditions, racial or ethnic origin etc. If you consent to the collection, use and disclosure of this Personal Information for the purposes described below, please complete the relevant information:

Full Name

DATE

SIGNATURE

You have the right to withdraw your consent at any time. If you want to withdraw your consent, please email us at CLAIMSGR@aig.com or contact with us by post to the address AIG Europe S.A. (Greece Branch) 119, Kifissias Av. Maroussi, 151 24, for the attention of Claims Department.

For further information on how we use Personal Information, please see our privacy policy at <https://www.aig.com.gr/privacy-policy>.

AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35D Avenue John F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorized by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, 11 rue Robert Stumper, L-2557 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>. AIG Europe S.A. (Greece Branch) has its registered branch office at 119, Kifissias Ave., Maroussi, Athens with company registration number 147135660001, Tax no. 996898851, Tax Office: FAE Athens.