

AIG EUROPE S.A.

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Medical Expenses Claim Form



(If unable to reply personally, this form may be completed on behalf of claimant)

Name of Insured	Policy No.
Address	
	Telephone No.
Name of Person ill or injured	Date of Birth
Occupation	E-mail
Relationship to Insured	Travel destination
Business or Personal Travel	

1.	State time, date and place (country) of injury or illness.	
2.	State exact nature of injury or illness.	
3.	Give details of circumstances in which injury was sustained, or illness contracted.	
4.	Have you suffered from the same illness or condition before? If so, state date.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are the expenses you are claiming insured by any other insurance/private medical insurance company? If so, please give details including name and policy number.	
6.	Have you had any previous claims on this type of insurance? If so, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Do you have an European Health Insurance Card (EHIC)? YES/NO	If incident occurred in an E.U. country was EHIC used? YES/NO
Please enclose copy of your EHIC.		

8. EXPENSE CLAIMED Please include original invoices for claimed expenses and a copy of your EHIC form.				
	Nature of Expense (Attach all bills)	Name, address of doctor, hospital, etc. who issued bill	Amount	Has bill been paid?
i.				
ii.				
iii.				
iv.				
v.				
vi.				
	Exchange rate used		TOTAL	

ALL ACCOUNTS, BILLS, RECEIPTS, MEDICAL CERTIFICATES, BOOKING INVOICE, COPY OF EHIC, POLICY, CORRESPONDENCE AND OTHER DOCUMENTS RELATIVE TO THIS CLAIM SHOULD BE FORWARDED TO THE AIG EUROPE LIMITED.

BEFORE MAILING, PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN FULL AND ALL REQUESTED DOCUMENTS ARE ATTACHED. FAILURE TO DO SO MAY DELAY THE PROCESSING OF YOUR CLAIM

AIG Europe S.A. is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at www.aig.ie, by e-mailing postmaster.ie@aig.com or by writing to the Data Protection Officer at AIG Europe S.A., Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

I/We declare that the whole of the statements made in this Claim Form and any supplementary statements forming part of the claim are true in every respect.

Date: _____ Claimant's Signature: _____

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, and is regulated by the Central Bank of Ireland for conduct of business rules.