

**AIG PHILIPPINES INSURANCE, INC.**

(Formerly known as Chartis Philippines, Inc.)

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TRAVEL GUARD ASIA PACIFIC Call Collect 632.878.1280



**TRAVEL CLAIM FORM**

All questions must be fully answered. By furnishing this Form, the Company makes no Admission of Liability of Waiver of its Rights

GENERAL INFORMATION			
FULL POLICY NO.	<input type="text"/>	CLAIM NO.	<input type="text"/>
INSURED'S NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
<input type="text"/>		E-MAIL ADDRESS	<input type="text"/>
OCCUPATION	<input type="text"/>	CONTACT NO.	<input type="text"/>
ARE THERE ANY OTHER INSURANCE POLICIES IN FORCE COVERING YOU IN RESPECT OF THIS TRAVEL? IF YES, PLEASE PROVIDE DETAILS			
<input type="text"/>			
EXACT PLACE WHERE THE INCIDENT OR ILLNESS OCCURRED:			
<input type="text"/>		DATE & TIME	<input type="text"/>
DESCRIPTION OF INCIDENT, LOSS OR ILLNESS:			
<input type="text"/>			
<input type="text"/>			
NAME & ADDRESSES OF ANY WITNESS/ES:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<b>Basic Requirements:</b>	<input type="checkbox"/> Original Insurance Policy	<input type="checkbox"/> Copy of Passport	<input type="checkbox"/> Copy of Airline Ticket/Boarding Pass

PERSONAL ACCIDENT / MEDICAL EXPENSE	
STATE THE NATURE OF YOUR ILLNESS OR INJURY:	
<input type="text"/>	
HAVE YOU SUFFERED THIS OR A SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS ILLNESS OR INJURY?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS	
<input type="text"/>	
STATE AMOUNT COVERED OR RECOVERABLE FROM OTHER SOURCES	
<input type="text"/>	
STATE THE NET AMOUNT BEING CLAIMED	
<input type="text"/>	
GIVE THE NAME AND ADDRESS OF YOUR USUAL ATTENDING PHYSICIANS:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Requirements :	<input type="checkbox"/> Medical Report from physician or hospital with admitting medical history, diagnosis, course in ward
	<input type="checkbox"/> Original Copy of the Prescriptions, Official Receipts & Bills of Medical expenses incurred
	<input type="checkbox"/> Police Report (In case of Accident)
In the event of Death / Repatriation:	Please report to Travel Guard Asia Pacific
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Post Mortem Report
	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Marriage Contract

### TRIP CANCELLATION / CURTAILMENT

WHEN WAS THE TRIP BOOKED

DATE WHEN TRIP WAS CANCELLED

SCHEDULED DEPARTURE (PLEASE INDICATE DATE & TIME)

REASON FOR TRIP CANCELLATION / CURTAILMENT

AMOUNT OF EXPENSES INCURRED

AMOUNT BEING CLAIMED DUE TO TRIP CANCELLATION / CURTAILMENT

#### REQUIREMENTS:

- \_\_\_\_\_ Tour Operator's Cancellation Notice
- \_\_\_\_\_ Certification Stating the reason for the trip cancellation / curtailment
- \_\_\_\_\_ Documents to support the trip cancellation / curtailment
- \_\_\_\_\_ Official Receipts of Expenses Incurred due to trip curtailment
- \_\_\_\_\_ Official Receipts of Payments made in advance for trip cancellation

### FLIGHT DELAY

#### ORIGINAL FLIGHT DETAILS

DATE (MM/DD/YY)

DEPARTURE TIME (AM/PM)

PLACE OF DEPARTURE

AIRLINE & FLIGHT NO.

#### DELAYED FLIGHT DETAILS

DATE (MM/DD/YY)

DEPARTURE TIME (AM/PM)

PLACE OF DEPARTURE

AIRLINE & FLIGHT NO.

#### REQUIREMENTS:

- \_\_\_\_\_ Certification from the Airline / Carrier stating scheduled departure time, actual departure time and the reason for the delay of the flight
- \_\_\_\_\_ Official Receipts of Expenses Incurred due to flight delay

### BAGGAGE DELAY

#### FLIGHT DETAILS

DATE (MM/DD/YY)

DEPARTURE TIME (AM/PM)

AIRLINE & FLIGHT NO.

#### COLLECTION OF DELAYED BAGGAGE

DATE (MM/DD/YY)

TIME (AM/PM)

PLACE

#### REQUIREMENTS:

- \_\_\_\_\_ Property Irregularity Report
- \_\_\_\_\_ Proof of Acknowledgement of Baggage Receipt
- \_\_\_\_\_ Official Receipts of Expenses Incurred due to baggage delay

**BAGGAGE & PERSONAL EFFECTS (LOSS/DAMAGE)**

WHICH POLICE AUTHORITIES WERE ADVISED ( state and attach copy of report )

Attach claim or complaint report against the airline / carrier or other authority or individual responsible for the loss / damage to your property

NAME OF AIRLINE & REFERENCE NUMBER

GIVE DETAILS OF ITEMS / AMOUNT BEING CLAIMED

ITEM	DATE PURCHASED	PLACE PURCHASED	DESCRIPTION	AMOUNT BEING CLAIMED

**REQUIREMENTS:**

- \_\_\_\_\_ Receipts of lost / damaged items being claimed
- \_\_\_\_\_ Photos of damaged luggage / items
- \_\_\_\_\_ Property Irregularity Report from airline/hotel

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every details 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 or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all the rights to recover thereynder in respect of past or future claims shall be forfeited.

By providing your Personal Information to AIG Philippines in connection with your claim [and signing below], you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at [www. Aig.com.ph](http://www.Aig.com.ph) or upon request. In particular you consent to the transfer of your Personal Information internationally. You agree that you will not provide Personal Information about any other individual without that person's permission.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURED  
(Signature over Printed Name)