



Travel Claim Form — Cancellation, Curtailment, Alteration, Disruption or Delay Lifeline Plus Group Personal Accident and Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

Details of the policyholder (insured company):

Policy number	<input type="text"/>		
Name of company	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Does the claimant work at this address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If not where does the claimant work? Please name branch/subsidiary and location			
<input type="text"/>			

If you claim as a company representative (HR, Finance, etc.) please provide your details:

Full name	<input type="text"/>		
Position	<input type="text"/>		
Telephone number	<input type="text"/>		
Email address	<input type="text"/>		
Is this claim payable direct to the company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Details of the claimant (person who had to cancel, curtail, alter, disrupt or delay their trip):

Full name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone number	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Email address	<input type="text"/>		
Occupation	<input type="text"/>		
Relationship to policyholder	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse of employee	<input type="checkbox"/> Visitor
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Child of employee	<input type="checkbox"/> Other (please state) <input type="text"/>
If the claimant is a spouse or child of an employee, please provide the name of the employee			
<input type="text"/>			

Details of the trip:

Travel destination	<input type="text"/>		
Scheduled trip dates	<input type="text" value="DD / MM / YYYY"/>	to	<input type="text" value="DD / MM / YYYY"/>
Travel order number (if applicable)	<input type="text"/>		
Reason for travel	<input type="checkbox"/> Business trip	<input type="checkbox"/> Leisure	<input type="checkbox"/> Long term secondment
Country where accident occurred	<input type="text"/>		

Please complete the sections which apply.

A. Details of cancellation (if applicable):

Reason for cancellation (e.g. strike, weather, employee resigned, illness) (if illness, please also fill in section D)

Total cost of trip

Date Travel Agent/Tour Operator/Airline notified of cancellation (if applicable)

DD / MM / YYYY

What refund, if any, has been made or to be made to you by your Travel Agent/ Tour Operator/ Airline?

What is the amount of your claim?

B. Details of curtailment or alteration (if applicable):

Reason for curtailment or alteration of the trip (e.g. strike, weather, employee resigned, illness) (if illness, please also fill in section D)

Date returned home

DD / MM / YYYY

Total cost of trip

Date Travel Agent/Tour Operator/Airline notified of curtailment or alteration (if applicable)

DD / MM / YYYY

What refund, if any, has been made or to be made to you by your Travel Agent/ Tour Operator/ Airline?

What is the amount of your claim?

C. Details of travel delay (if applicable):

Date of delay

DD / MM / YYYY

Departure details:

Original date and time

New date and time

Reason for delay

Departing airport, station or port (or transit airport, station or port if delay occurred in transit)

Flight/Train/Ship number

Flight/Train/Ship operator

Total time delayed at airport, port or station (days, hours)

D. Details of illness or injury which prevented you from travelling or caused travel alteration (if applicable):

Date and time illness or injury was contracted

Place of illness or injury

Nature of illness or injury

How was the injury sustained or the illness contracted?

Have you had the same illness/condition before?

YES

NO

If Yes, provide dates

Address and contact details of qualified medical professional who confirmed you cannot travel or have to alter travel plans

Was the Assistance Company contacted?

YES

NO

If Yes, give details and reference number

Does another company insure the expenses you're claiming?

YES

NO

If Yes, give details

Please complete if a payment may be due:

Do you require a bank transfer?

YES

NO

Do you require a cheque?

YES

NO

If cheque, make payment to

If bank transfer:

Name of account holder

Account number

Name of bank

Address of bank

Sort code (UK only)

For international transfers only (outside UK):

International bank account number (IBAN)

SWIFT/IBC Code

Account currency

How we use personal information:

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

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The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

Sharing of Personal Information — For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and re-insurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers’ compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer — Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information — Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights — You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy — More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. or by email at: dataprotectionofficer.uk@aig.com.

Declaration:

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution. I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>

Details of the person completing the form (if not the claimant):

Full name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Relationship to claimant	<input type="text"/>
Reason for completing the form on behalf of the claimant	<input type="text"/>

Please include the following documents:

- Original travel arrangements documentation (flights, accommodation, pre-paid excursions, car hire, etc)
- Medical certificate issued by GP or Consultant who confirmed inability to travel or to continue to travel
- Unused portion of travel arrangements (accommodation, flights, pre-paid excursions) in case of curtailment or alteration of travel plans
- Letter from carrier or airport authority confirming the scheduled time and date of departure, the actual time of departure and the reason for the delay (if you are claiming a travel delay benefit)
- Receipts for essential purchases made

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

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

claimsuk@aig.com

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