

AIG Europe Limited (Finland Branch)
Kasarmikatu 44
FI-00130 Helsinki
Finland

Customer service: +358 (0) 203 03456
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Email: finlandclaims@aig.com



NOTIFICATION OF INSURANCE LOSS ASSOCIATED WITH ACCIDENT OR SICKNESS

INSTRUCTIONS FOR CLAIMANTS

Please fill in all sections of the form carefully.

To speed up settlement, please enclose the following documents: original receipts (in case of medical expenses), copies of medical case records, copies of sick leave certificates, death certificate and extract from personal register (in case of accidental death).

The claim form and attachments should be sent to:

(When sent in Finland, no postage required)
AIG Europe Limited
Tunnus 5008951
00003 Vastauslähetyt

(When sent outside Finland)
AIG Europe Limited
Kasarmikatu 44
00130 Helsinki

DATA ON INSURANCE

| | |
|--------------|--------------|
| Policyholder | Polycynumber |
|--------------|--------------|

CLAIMANT'S PERSONAL DATA

| | |
|----------------------------|--|
| Name | Personal identity number |
| Street address | |
| Postal code | City |
| Email | Telephone number |
| Bank account number (IBAN) | The owner of the account if not claimant's |

By filling in your e-mail address above, you consent to AIG contacting you via e-mail during the handling of your claim.

DATA ON LOSS EVENT

| | | |
|------------------------------|-----------|--|
| Time of loss (date and time) | Town/City | In case of accident claim, has the accident occurred: During leisure time <input type="checkbox"/> At work or during work trip <input type="checkbox"/> |
|------------------------------|-----------|--|

Loss:

| | |
|---|--|
| Medical expenses <input type="checkbox"/> | Strain, sprain or rupture <input type="checkbox"/> |
| Permanent total disability <input type="checkbox"/> | Hospital days or sick leave <input type="checkbox"/> |
| Accidental death <input type="checkbox"/> | Luxation <input type="checkbox"/> |
| Fracture or burn <input type="checkbox"/> | Cancer <input type="checkbox"/> |
| Internal injury <input type="checkbox"/> | Other, what: _____ ? |

DATA ON LOSS EVENT

Has the accident occurred while participating in a competition arranged by sport club or association or training for that?

☐

No

☐

Yes, what sport club/association and competition/training: _____?

Has the accident occurred while you were under the influence of excessive alcohol or of any drug?

☐

No

☐

Yes

In case of hospital days or sick leave claim:

Time spent in hospital

Sick leave period

DESCRIPTION OF THE LOSS EVENT

Short description of the loss event:

Claim amount: _____

Are you insured in another company regarding this loss?

☐

No

☐

Yes, Company: _____

DISCLOSURE OF DATA

Do you allow AIG Europe Limited (Finland) to disclosure data regarding this loss to the policyholder?

☐

No

☐

Yes

SIGNATURE

By providing your Personal Information to AIG in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at <http://www.aig.com/fi-privacy-policy> or upon request. In particular you consent to the transfer of your Personal Information internationally. To the extent that you have provided (or will provide) Personal Information to AIG about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to AIG as detailed in the Privacy Policy.

I declare that the information given in this notification is true and correct. For the purpose of this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons processing information about me and my state of health.

Time and Place

Claimant's signature