



CLAIM NOTIFICATION FORM

Please complete the relevant sections. If any are not applicable please add N/A

SECTION A

NAME OF INSURED

ADDRESS OF INSURED

POST CODE

POLICY No

TELEPHONE CONTACTS

BUSINESS

MOBILE

HOME

E MAIL

ADDRESS OF INCIDENT

POSTAL CODE

VAT (Y/N/PARTIAL %)

DATE OF INCIDENT

TIME OF INCIDENT

SECTION B

FULL CIRCUMSTANCES OF INCIDENT INCLUDING CAUSE

WERE THE PREMISES OCCUPIED AT THE TIME OF THE INCIDENT?

IF NO, WHEN WAS THE LAST TIME THEY WERE OCCUPIED?

ARE YOU STILL ABLE TO TRADE?

PLEASE DETAIL THE ACTIONS YOU HAVE TAKEN TO MITIGATE THE LOSS

PLEASE LIST ALL PREVIOUS CLAIMS

IS THERE OTHER INSURANCE COVERING THE PROPERTY

IF YES PLEASE PROVIDE DETAILS

PLEASE FILL IN FOR LOSS, THEFT OR MALICIOUS DAMAGE

CRIME REFERENCE No

POLICE OFFICER AND STATION

ARE PREMISES ALARM PROTECTED

WAS IT OPERATIONAL

SECTION C

DESCRIPTION OF PROPERTY LOST / DAMAGED	DATE ACQUIRED	PLACE OF PURCHASE	COST FOR REPAIR	ORIGINAL COST	AMOUNT CLAIMED

PLEASE FORWARD THE FOLLOWING DOCUMENTATION TO PROGRESS THE CLAIM:

1. PHOTOGRAPHS OF THE DAMAGE(S)
2. INVOICES / QUOTATIONS AMOUNTING TO THE TOTAL CLAIM
3. MAKE, MODEL AND SERIAL NUMBER FOR ELECTRIC ITEMS
4. ANY OTHER DOCUMENTS TO PROVE THE CLAIM
5. BANK ACCOUNT DETAILS TO FACILITATE BACS PAYMENT

(Use separate sheets if necessary)

I/WE CLAIM THE SUM OF £ _____ AS THE AMOUNT DUE TO ME/US IN RESPECT OF THE LOSS OF OR DAMAGE TO THE PROPERTY DETAILED. The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it.

FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

HOW WE USE PERSONAL INFORMATION

“Personal Information” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- 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 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, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. 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 detect and prevent 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 and other countries with different data protection laws than in your country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at www.aig.co.uk/privacy-policy or you may request a copy using the contact details above.

By ticking this Box and submitting this form I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide in this form any personal information about another person without that person's permission

Declarations

By ticking this Box and submitting this form I/WE DECLARE THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF I/WE understand that a false declaration may invalidate my claim and could result in prosecution

SIGNED

DATE
