

AIG Europe S.A. (Finland Branch)
Kasarmikatu 44
FI-00130 Helsinki
Finland



Customer service: 0203 03456
(Mon-Fri 9-21, Sat 10-16)
Fax: 0207 010 180
E-mail: finlandclaims@aig.com

TRAVEL INSURANCE CLAIM FORM

INSTRUCTIONS FOR CLAIMANTS

Please fill in all sections of the form carefully.

To speed up the settlement of your claim, please enclose the following documentation: proof of trip (e.g. tickets), original receipts for any incurred expenses, available medical documentation, police report in case of theft and a certificate from the airline of travel agency in cases of delayed trip or luggage. **Please note that if the validity of your insurance policy is dependent on the trip having been paid with a specific credit card, the claimant is instructed to enclose a certificate confirming that the trip has been paid with that specific credit card (e.g. credit card statement).**

When receiving medical care in Finland, the claimant is instructed to show their Sickness Insurance Card (Kela-kortti) to the medical service provider, who will deduct applicable benefits as per the Sickness Insurance Act from the insured's medical expenses. When claiming for medical expenses that have been incurred outside Finland, the claimant is instructed to fill in and sign the authorisation form enclosed to this claim form or claim the Sickness Insurance benefits themselves.

The claim form and attachments should be sent to:

(When sent in Finland, no postage required)
AIG Europe S.A.
Tunnus 5008951
00003 Vastauslähetys

(When sent outside Finland)
AIG Europe S.A.
Kasarmikatu 44
00130 Helsinki

INFORMATION ON YOUR INSURANCE POLICY

Which insurance policy are you claiming from?

<input type="checkbox"/> Travel insurance associated with a credit card	Bank	Type of credit card (e.g. Visa Gold)
<input type="checkbox"/> Travel insurance purchased through an airline or a travel agency	Airline or travel agency	Policy number
<input type="checkbox"/> Travel insurance for members of a union or a community	Union or community	
<input type="checkbox"/> Travel insurance purchased through Travel Guard -service	Policy number	

CLAIMANT'S PERSONAL DATA

Name		Personal identity number
Street address		
Postal code	City	Country, if other than Finland
E-mail address		Telephone number
Account number (IBAN)	The owner of the account, if not the claimant?	

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

INFORMATION ON LOSS EVENT

Travel destination and route

Trip started (dd.mm.yy) -
ended (dd.mm.yy)Time of loss
(date and time)

The loss occurred during

 leisure time work time work tripAre you insured in another insurance company against this
type of loss? no yes, company:

Loss:

 Trip cancellation / interruption Medical expenses Flight or luggage delay Permanent disability due to an accident Missed departure Accidental death Loss of luggage Legal expenses Liability Other

Detailed description of the loss event

ITEMIZED CLAIM AMOUNT

	€		€
	€		€
	€		€
	€	Total	€

SIGNATURE

HOW WE USE PERSONAL INFORMATION

AIG Europe S.A. 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.

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 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 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.fi/en/privacy> or you may request a copy by writing to: Data Protection Officer, AIG Europe S.A, Kasarmikatu 44, 00130 Helsinki or by email at: tietosuojaja@aig.com.

DATA PROTECTION CONSENT

By signing below, I give consent for my Sensitive Personal Information about my health to be used by AIG Europe S.A, i.e. the data controller and any other key data controllers, [its/their] affiliates, reinsurers, fraud prevention agencies, and third party service providers as set out in the privacy policy for the purpose of insurance administration.

When we refer to "insurance administration", we mean arranging, underwriting, and administering insurance and reinsurance policies, providing ancillary services and administering claims under those policies, as well as exercising rights, or complying with obligations, in connection with those policies. This may include rights or obligations under the laws that apply to us.

If you withhold or withdraw this consent, we may not be able to provide our services to you or assess your claim.

Print name	Signature
Date	Guardian's signature in case of a minor:

By signing below I authorise any physician or other person to furnish AIG Europe S.A. or their agents with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records relating to the condition(s) that gives rise to my claim.

Print name	Signature
Date	Guardian's signature in case of a minor:

You have the right to withdraw each of the above consents at any time. If you want to withdraw your consent, please write to AIG Claims Department: AIG, Kasarmikatu 44, 00130 Helsinki or korvauspalvelu@aig.com.

For further information on how we use Personal Information, please see our privacy policy at <https://www.aig.fi/en/privacy/>

DECLARATION

Print name	Signature
Date	Guardian's signature in case of a minor:



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Claim for reimbursement for medical care expenses / Authorisation

To be submitted to Kela / workplace sickness fund for reimbursement
for medical care expenses in Finland and abroad

Claim number _____

INFORMATION ABOUT THE INSURED PERSON	Name	Personal identity no.
	Did the expenses result from <input type="checkbox"/> a traffic accident? <input type="checkbox"/> an occupational injury?	
AUTHORI- SATION AND SIGNATURE	I declare that the information I have given is true and accurate and authorise insurance company AIG Europe S.A. to claim and collect any reimbursements payable under the Health Insurance Act.	
	Place and date	Signature and printed name of the claimant or of his or her provider or legal representative

Kela-approved form 1719e SV 07.11