

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



Customer service: +358 (0) 203 03456
 Fax: +358 (0) 207 010 180
 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 Vastauslähetyks

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

DATA ON INSURANCE

Policyholder	Policy number
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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: _____	?

