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



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## 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: orginal 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 Vastauslähetys (When sent outside Finland) AIG Europe Limited Kasarmikatu 44 00130 Helsinki

DATA ON INSURANCE				
Policyholder Policynun		Policynumb	nber	
CLAIMANT'S PERSONAL DATA		<u> </u>		
Name			Personal identity number	
Street address				
Postal code	City			
Email	il I		Telephone number	
Bank account number (IBAN)		The owner of the account if not claimant's		
By filling in your e-mail address above, you cor	nsent to AIG contacting y	/ou via e-mail d	uring the handling of your claim.	

DATA ON LOSS EVENT			
Time of loss	,	In case of accident claim, has the acc	cident occured:
(date and time)		During leisure time	At work or during work trip

I	Lo	s	s	

Medical expenses	Strain, sprain or rupture	
Permanent total disability	Hospital days or sick leave	
Accidental death	Luxation	
Fracture or burn	Cancer	
Internal injury	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