

Whilst there can be exceptions, below we note the typical documentation needed for different types of Personal Accident claims to be returned with a claims form to ensure we can process the claim as soon as possible.



Temporary Total Disablement

- Completed Personal Accident & Sickness claim form
- Completed medical certificate from GP or Treating Consultant
- Sickness certificate from GP confirming incapacity to work
- If benefit is paid based on salary, 3 months salary slips (if paid monthly) or 13 weeks salary slips prior to the accident (if paid weekly)
- Copy of accident report or RIDDOR report if accident took place at work



Permanent Disability

- Completed Personal Accident & Sickness claim form
- Completed medical certificate from GP or Treating Consultant
- If benefit is paid based on salary, confirmation of annual salary from HR or 3 months salary slips or 13 weeks salary slips (if weekly paid)
- Copy of accident report or RIDDOR report if accident took place at work



Fatality Claim

- Completed fatality claim form
- If benefit is paid based on salary, confirmation of annual salary from HR or 3 months salary slips or 13 weeks salary slips (if weekly paid)
- Copy of accident report or RIDDOR report if accident took place at work
- Copy of death certificate
- Police report (if relevant)
- Details of dependent children (if relevant)
- Details of funeral expenses being claimed

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

claimsuk@aig.com

AIG Claims Department, A&H Claims, PO Box 3465, Croydon, CR90 9AG

Telephone: +44 (0) 345 602 9429



Part I - Personal Accident and Sickness Claim Form, Lifeline Plus Group Personal Accident and Travel Insurance

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 5. Please complete the 'Fatal Accident' claim form if the claim is for a fatal accident.

Details of the policyholder (insured company):

Policy number			
Name of company			
Address			
Postcode		Country	

Does the claimant work at this address? YES NO

If not where does the claimant work? Please name branch/ subsidiary and location

If you claim as a company representative (HR, Finance, etc.) please provide your details:

Full name			
Position			
Telephone number			
Email address			

Is this claim payable direct to the company? YES NO

Details of the claimant (injured or sick person):

Full name			
Address			
Postcode		Country	
Telephone number		Date of birth	DD / MM / YYYY
Email address			
Occupation			

Relationship to policyholder Employee Spouse of employee Visitor
 Contractor Child of employee Other (please state)

If the claimant is a spouse or child of an employee, please provide the name of the employee

Details of the trip:

Travel destination			
Trip dates	DD / MM / YYYY	To	DD / MM / YYYY
Total days			
Reason for travel	<input type="checkbox"/> Business trip	<input type="checkbox"/> Leisure	<input type="checkbox"/> Long term secondment Not Applicable
Country where loss occurred	<input type="text"/>		

If the claim is for sickness:

Details of sickness

When did symptoms first appear?

Have you had this condition before?

If Yes, when?

Were you hospitalised?

If Yes, give dates and details of the treating hospital

If the claim is for an accident:

Date and time

Accident Location

Describe exactly how the accident occurred

Details of the injuries

Were you hospitalised?

If Yes, give dates and details of the treating hospital

Reporting the accident:

Was the accident reported to the police?

Police station address (if applicable)

Officer's name and serial number

Details of witnesses:

	Witness 1	Witness 2
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Daytime phone number	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Details of employment and income:

At the time of the accident, were you: Employed full time Employed part time Self employed Not employed

Name of employer

Address of employer

Occupation

Description of work done before accident

Are you currently working?

YES

NO

Present occupation

Date when employment commenced with your current employer

DD / MM / YYYY

Annual income (basic salary without bonuses)

If unable to work after accident:

Date you stopped work

DD / MM / YYYY

Date you expect to return to work

DD / MM / YYYY

Number of weeks unable to work

Have you been employed since accident?

YES

NO

If Yes, date you started work

DD / MM / YYYY

Description of current work

If you are convalescing, what duties can you not perform?

Are you entitled to disability benefits from:

Department of Social Security (DSS)

YES

NO

Any other insurer

YES

NO

If Yes, give name, address and policy number for each insurance company

Please complete if a payment may be due:

Do you require a bank transfer?

YES

NO

Do you require a cheque?

YES

NO

If cheque, make payment to

If bank transfer:

Name of account holder

Account number

Name of bank

Address of bank

Sort code (UK only)

For international transfers only (outside UK):

International bank account number (IBAN)

SWIFT/IBC Code

Account currency

How we use personal information:

American International Group UK Limited 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.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.or by email at: dataprotectionofficer.uk@aig.com.

Declaration:

We declare that the information provided is correct to the best of my knowledge and belief. I understand that a false declaration may invalidate my claim and could result in prosecution.

Signature

Date

Details of the person completing the form (if not the claimant):

Full name

Telephone number

Email address

Relationship to claimant

Reason for completing the form on behalf of the claimant

Access to Medical Records / Medical Reports Consent Form

Access to Medical Reports Act (1988), Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, Access to Health Records and Reports Act 1993 (Isle of Man) (“Acts”)

To enable American International Group UK limited or their agents (the Company) to assess your claim, it may be necessary to obtain medical evidence. Any medical reports which are requested from your Doctor (your GP, medical specialists) are subject to the Acts. (Please note that medical reports requested from Doctors appointed by the Company are not subject to the Acts).

In summary your statutory rights under the Acts are as follows:

1. A medical report cannot be requested from any Doctor, who has attended you, without your written authority (consent).
2. You may withhold your consent. However, without your consent we may be unable to proceed with your claim.
3. If you do consent you can indicate whether you wish to see the report before it is supplied to us.
 - a) If you wish to see the report, we will notify your Doctor accordingly. We will advise you that we have done so (notification).
 - b) You will then have 21 days from the date of the notification to contact the Doctor, in writing, to make arrangements to see the report.
 - c) The Doctor will allow 21 days for you to see the report before it is supplied to us.
 - d) If the Doctor has not heard from you within 21 days of the notification he/she will assume you do not wish to see the report and that you consent to it being supplied.
4. If you do not indicate that you wish to see the report, we do not have to notify you if we apply for such report.
5. When you see the report, if there is anything in it that you consider incorrect or misleading you can request, in writing, that the Doctor amends the report, but the Doctor is not obliged to do so. If the Doctor refuses to amend the report you may: (a) withdraw consent for the report to be issued, (b) ask the Doctor to attach to the report a statement setting out your own views, (c) agree to the report being issued unchanged.
6. Whether or not you wish to see the report before it is sent to us, you may ask your Doctor to show you a copy of the report. Please note that the Doctor is obliged to retain the report for at least 6 months after it was supplied. The Doctor may charge a reasonable fee for the cost of supplying the report but not exceeding £50.
7. The Doctor is not obliged to show you any parts of the report that he/she believes might cause serious harm to your physical or mental health or that of others, or it would indicate the Doctor's intentions towards you. If this is the case, the Doctor will tell you if your access to the report is limited

Please confirm the full name and postal address of your Doctor

Doctor's name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Specialist's name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>

I have read my statutory rights under the Acts as outlined above and **by signing this form** I consent to the Company seeking medical information, including copies of my medical records, from any Doctor who at any time has attended me, concerning anything which affects my physical or mental health relating to the condition (s) that gives rise to my claim.

I also authorise any physician or other person to furnish American International Group UK Limited 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.

Do you wish to see the report before it is sent to the Company?

Yes No

Signature

Date

If You are signing on behalf of the Claimant, please state the reason and your relationship to them.

Part 2 - Medical Certificate — Personal Accident or Sickness

To the claimant: Please ask the patient's doctor to complete this form. The Medical Certificate is to be completed at your own expense.

To the patient's parents or legal guardian if the patient is under 18 years of age: Please ask the patient's doctor to complete this form. The Medical Certificate is to be completed at your own expense.

To the patient's doctor or medical practitioner: please complete this form and return it to the claimant or if the patient is under 18 years of age, to the patient's parents or legal guardians or return to the address below.

Personal details:

Name of patient

Are you the patient's usual medical attendant?

Professional status GP Physiotherapist Other (please state)
 Nurse Consultant

Are you still in attendance?

Date you first saw/treated the patient?

How long has the patient been under your care?

Accident details (if applicable):

Date of accident

Description of accident

Description of injuries (if a hand, arm, foot or leg, please state right or left)

Treatment and prognosis

Sickness details (if applicable):

Full details of sickness

When did symptoms first appear?

Has the patient had this sickness before?

If Yes, when?

Diagnosis

Treatment and prognosis

Details of the loss:

Could anything in the patient's medical history have contributed to the occurrence of the accident or sickness, or affect the patient's recovery?

If Yes, please provide details

Have any of the conditions referred to above left any effect upon the patient's general health?

If Yes, has the patient knowledge of the nature of the conditions?

For what period has the patient been totally unable to attend to any of their normal duties? to

If the patient is still totally disabled, please state probable date of partial resumption to their normal duties:

If patient is partially disabled, state from when and probable date of complete recovery: to

If patient has recovered what was the date of recovery?

If the patient was hospitalised, please advise dates: to

Declaration:

I certify that these particulars are true and correct.

Name	<input type="text"/>	
Signature	<input type="text"/>	
Date	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
Qualifications	<input type="text"/>	
Address	<input type="text"/>	
Surgery stamp	<input type="text"/>	

Any fee payable for completion of this certificate is the responsibility of the claimant and not American International Group UK Limited.

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

claimsuk@aig.com
AIG Claims Department, A&H Claims, PO Box 3465, Croydon, CR90 9AG
Telephone: +44 345 602 9429

American International Group UK Limited is registered in England: company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN number 781109). This information can be checked by visiting the FS Register (www.fca.org.uk/register).

**SUBMIT
FORM**

