

Fatal Accident Claim Form



This form has been designed to help you provide all the information we need to process your claim quickly. Failure to complete this form correctly may delay your claim. We recommend you have your policy to hand for reference.

If you need to attach additional sheets please use the same section headings as detailed on this form.

Please complete this form in BLOCK CAPITALS and return it to: **AIG Claims Department, A&H Claims, PO Box 3465, Croydon CR90 9AG**, or by email to aigdirect.claims@aig.com.

If you require assistance to complete your form or have any questions please call 020 8662 8101 and a member of our Claims Team will be able to help you, (lines are open 9:15 to 5pm, excluding public holidays)

Please complete Sections 1 to 6 and return the claim form along with a copy of the Death Certificate
PLEASE MAKE SURE YOU SIGN AND DATE THIS CLAIM FORM (SEE SECTION 6).

SECTION 1: Policy Details

POLICY NUMBER:	OFFICE USE ONLY:	CLAIM NUMBER:
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SECTION 2: Personal Information - The claimant is the person who was injured in the accident.

Claimant's details - Injured Person	Your details - Person completing the claim form
NAME IN FULL (INCLUDING TITLE):	NAME IN FULL (INCLUDING TITLE):
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
CLAIMANT'S DATE OF BIRTH: <input type="text" value="dd mm yyyy"/> AGE AT TIME OF ACCIDENT:	YOUR RELATIONSHIP TO CLAIMANT:

SECTION 3: Contact Details

Daytime telephone number: <input type="text"/>	Mobile Number: <input type="text"/>
Email: <input type="text"/>	How would you like us to contact you with updates on the claim? Please tick all that apply <input type="checkbox"/> Phone <input type="checkbox"/> email <input type="checkbox"/> Letter

SECTION 4: Additional Support

To ensure the claims process is tailored to your needs, please can you complete the questionnaire below to confirm if you have any additional assistance requirements for us to consider. Your reasons for needing additional support may be listed below - please tick all that apply.

❖ Do you require additional support from us during your claim?		Yes	No	Prefer Not to Say
Difficulties with English Language Skills	Severe or Long-Term Health Illness			Bereavement
Difficulties with Numeracy Skills	Learning Difficulties/Disability			Redundancy
Difficulties with Digital Skills (e.g. Ability to use Technology)	Visual or Hearing Impairment			Retirement
Little or no Access to Help or Support	Mental Health Condition/ Disability			Sudden/Unexpected Drop in Income
Low Confidence in Managing this Claim	Physical Disability Leading to Mobility Issues			Caring Responsibilities
				Domestic Abuse

❖ Please tell us how can we help you in communicating with us?

The personal information you provide in this Section 4 may be used to help us to adapt, where possible, our handling of your claim to meet your particular circumstances. The information will be retained for as long as is considered necessary for the purpose for which it was collected and to comply with our legal and regulatory requirements.

You have the right, at any time, to request that AIG not use Personal Information that you have provided in Section 4. To give such notice please contact AIGDirect.Claims@aig.com quoting your claim number. For more information about your rights and on how we use Personal Information, please see Section 7 (How we use Personal Information) and our privacy policy available at <https://www.aig.co.uk/privacy-policy>.

SECTION 5: Accident Details

Please complete ALL questions. If you need to provide additional information please use separate sheet(s) of paper and attach with this form. **Your claim cannot be processed without this information.**

Please specify exact date and time of Accident: Please specify where the accident occurred, please include Country and Town/Village where possible:

DATE: dd | mm | yyyy TIME:

Please describe how the Accident occurred:

Please describe all the injuries suffered in the Accident:

Please confirm when the Claimant died as a result of the injuries suffered in the Accident:

DATE: dd | mm | yyyy TIME:

Were there any witnesses? Yes No If Yes, please provide names and addresses if known:

NAME:
ADDRESS:
POSTCODE:

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of HM Coroner involved:

NAME:
ADDRESS:
POSTCODE:
DATE OF INQUEST (IF KNOWN): dd | mm | yy

Please give full name and address of the Insured Person's GP:

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of solicitors (if relevant):

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of the Insured Person's Consultant (if relevant):

NAME:
ADDRESS:
POSTCODE:

If the injury was as a result of an assault or a road traffic accident, was this report to the Police? If Yes:

ADDRESS OF POLICE STATION:
POSTCODE:

INCIDENT REPORT NUMBER:
NAME OF POLICE OFFICER (IF RELEVANT):

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
- 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

BY SIGNING THIS FORM I/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 dd | mm | yy

PRINT NAME: _____

In the event that benefit is due, we may need a copy of the Probate Documents to release the payment. Your Claims Adjuster will confirm if these are needed.

Any problems completing this claim form? Please contact us on: 020 8662 8101

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