

AIG PHILIPPINES INSURANCE, INC.

(Formerly known as Chartis Philippines, Inc.)
47th Floor PBCOM Tower
6795 Ayala Avenue corner V.A. Rufino Street
1226 Makati City, Philippines
T 632.878.5400 F 632.878.5555
E callcenter.ph@aig.com

TRAVEL GUARD ASIA PACIFIC Call Collect 632.878.1280



TRAVEL CLAIM FORM

All questions must be fully answered. By furnishing this Form, the Company makes no Admission of Liability or Waiver of its Rights

GENERAL INFORMATION			
FULL POLICY NO.	<input type="text"/>	CLAIM NO.	<input type="text"/>
INSURED'S NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		E-MAIL ADDRESS	<input type="text"/>
OCCUPATION	<input type="text"/>	CONTACT NO.	<input type="text"/>
ARE THERE ANY OTHER INSURANCE POLICIES IN FORCE COVERING YOU IN RESPECT OF THIS TRAVEL?			
IF YES, PLEASE PROVIDE DETAILS		<input type="text"/>	
<input type="text"/>			
EXACT PLACE WHERE THE INCIDENT OR ILLNESS OCCURRED:			
<input type="text"/>			
<input type="text"/>			DATE & TIME <input type="text"/>
DESCRIPTION OF INCIDENT, LOSS OR ILLNESS:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
NAME & ADDRESSES OF ANY WITNESS/ES:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Basic Requirements: <input type="checkbox"/> Original Insurance Policy <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Copy of Airline Ticket/Boarding Pass			

PERSONAL ACCIDENT / MEDICAL EXPENSE	
STATE THE NATURE OF YOUR ILLNESS OR INJURY:	
<input type="text"/>	
<input type="text"/>	
HAVE YOU SUFFERED THIS OR A SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS ILLNESS OR INJURY?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	
IF YES, PLEASE PROVIDE DETAILS	
<input type="text"/>	
STATE AMOUNT COVERED OR RECOVERABLE FROM OTHER SOURCES	
<input type="text"/>	
STATE THE NET AMOUNT BEING CLAIMED	
<input type="text"/>	
GIVE THE NAME AND ADDRESS OF YOUR USUAL ATTENDING PHYSICIANS:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Requirements:	<input type="checkbox"/> Medical Report from physician or hospital complete with admitting medical history, diagnosis, course in ward <input type="checkbox"/> Original Copy of the Prescriptions, Official Receipts & Bills of Medical expenses incurred <input type="checkbox"/> Police Report (In case of Accident)
In the event of Death / Repatriation:	Please report to Travel Guard Asia Pacific <input type="checkbox"/> Death Certificate <input type="checkbox"/> Post Mortem Report <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Contract

TRIP CANCELLATION / CURTAILMENT

WHEN WAS THE TRIP BOOKED DATE WHEN TRIP WAS CANCELLED

SCHEDULED DEPARTURE (Please indicate date & time)

REASON FOR TRIP CANCELLATION/CURTAILMENT

AMOUNT OF EXPENSES INCURRED

AMOUNT BEING CLAIMED DUE TO TRIP CANCELLATION/CURTAILMENT

- Requirements:
- Tour Operator's Cancellation Notice
 - Certification Stating the reason for the trip cancellation/curtailment
 - Documents to support the trip cancellation/curtailment
 - Official Receipts of Expenses Incurred due to trip curtailment
 - Official Receipts of Payments made in advance for trip cancellation

FLIGHT DELAY

ORIGINAL FLIGHT DETAILS	DELAYED FLIGHT DETAILS
DATE (mm/dd/yyyy) <input type="text"/>	DATE (mm/dd/yyyy) <input type="text"/>
DEPARTURE TIME (am/pm) <input type="text"/>	DEPARTURE TIME (am/pm) <input type="text"/>
PLACE OF DEPARTURE <input type="text"/>	PLACE OF DEPARTURE <input type="text"/>
AIRLINE & FLIGHT NO. <input type="text"/>	AIRLINE & FLIGHT NO. <input type="text"/>

- Requirements:
- Certification from the Airline/Carrier stating scheduled departure time, actual departure time and the reason for the delay of the flight
 - Official Receipts of Expenses Incurred due to flight delay

BAGGAGE DELAY

FLIGHT DETAILS	COLLECTION OF DELAYED BAGGAGE
DATE (mm/dd/yyyy) <input type="text"/>	DATE (mm/dd/yyyy) <input type="text"/>
DEPARTURE TIME (am/pm) <input type="text"/>	TIME (am/pm) <input type="text"/>
AIRLINE & FLIGHT NO. <input type="text"/>	PLACE <input type="text"/>

- Requirements:
- Property Irregularity Report
 - Proof of Acknowledgement of Baggage Receipt
 - Official Receipts of Expenses Incurred due to baggage delay

BAGGAGE & PERSONAL EFFECTS (LOSS/DAMAGE)

WHICH POLICE AUTHORITIES WERE ADVISED (state and attach copy of report)

Attach claim or complaint report against the airline/carrier or other authority or individual responsible for the loss/damage to your property

NAME OF AIRLINE & REFERENCE NUMBER

GIVE DETAILS OF ITEMS / AMOUNT BEING CLAIMED

ITEM	DATE PURCHASED	PLACE PURCHASED	DESCRIPTION	AMOUNT BEING CLAIMED

- Requirements:
- Receipts of lost / damaged items being claimed
 - Photos of damaged luggage/items
 - Property Irregularity Report from airline/hotel

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every details and I agree that if I have made or ion any further declaration in respect of the said claim shall make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all the rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to the illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective as original.

_____ DATE _____ INSURED (Signature over Printer Name)