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## TRAVEL INSURANCE CLAIM FORM

### INSTRUCTIONS FOR CLAIMANTS

Please fill in all sections of the form carefully.

To speed up the settlement of your claim, please enclose the following documentation: proof of trip (e.g. tickets), original receipts for any incurred expenses, available medical documentation, police report in case of theft and a certificate from the airline or travel agency in cases of delayed trip or luggage.

The claim form and attachments should be sent to:

AIG Europe Limited  
Nimekast 7024  
14002 Tallinn  
Estonia

### INFORMATION ON YOUR INSURANCE POLICY

Which insurance policy are you claiming from?

<input type="checkbox"/> Travel insurance purchased through an airline, a travel agency or an insurance broker
Airline, travel agency or insurance broker
Policy number

### CLAIMANT'S PERSONAL DATA

Name		Personal identity number
Street address		
Postal code	City	Country, if other than Estonia
E-mail address		Telephone number
Account number (IBAN)		The owner of the account, if not the claimant?

By filling in your e-mail address above, you consent to AIG contacting you via e-mail during the handling of your claim.

**INFORMATION ON LOSS EVENT**Travel destination  
and routeTrip started (dd.mm.yy) -  
ended (dd.mm.yy)Time of loss  
(date and time)

The loss occurred during

☐ leisure time ☐ work time ☐ work tripAre you insured in another insurance company against this  
type of loss?☐ no ☐ yes, company:

Loss:

☐ Trip cancellation / interruption☐ Flight or luggage delay☐ Missed departure☐ Loss of luggage☐ Liability☐ Medical expenses☐ Permanent disability due to an accident☐ Accidental death☐ Legal expenses☐ Other

Detailed description of the loss event

**ITEMIZED CLAIM AMOUNT**

	€		€
	€		€
	€		€
	€	Total	€

**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 [www.aig.com/fi-privacy-policy](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.

Place and date

Claimant's signature