

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 the 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 Direct, Claims Department, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG.** By email: aigdirect.claims@aig.com

If you require assistance to complete your form or have any questions please call the number below and a member of our Claims Team will be able to help you: **Telephone: 020 8662 8101.**

Please complete ALL questions - if any question is not applicable please state 'N/A'.
PLEASE MAKE SURE YOU SIGN AND DATE THIS CLAIM FORM (SEE SECTION 5)

SECTION 1: Policy Details

POLICY NUMBER:

OFFICE USE ONLY:

CLAIM NUMBER:

SECTION 2: Personal Information – The Claimant

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

NAME IN FULL (INCLUDING TITLE):

DAYTIME TEL NO:

ADDRESS:

MOBILE TEL NO:

WHAT IS YOUR RELATIONSHIP TO THE INSURED PERSON:

POSTCODE:

EMAIL:

SECTION 3: Personal Information – The Insured

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form

NAME IN FULL (INCLUDING TITLE):

NAME OF EMPLOYER:

ADDRESS:

ADDRESS OF EMPLOYER (IF SELF EMPLOYED, PLEASE STATE BUSINESS ADDRESS):

POSTCODE:

POSTCODE:

DATE OF BIRTH:

dd | mm | yy

INSURED'S OCCUPATION:

DATE OF DEATH:

dd | mm | yy

MAIN DUTIES:

SECTION 4: 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.
PLEASE SEND EITHER THE INTERIM OR FINAL DEATH CERTIFICATE WITH THE COMPLETED CLAIM FORM.

Please state the date and time of the accident.

TIME:

DATE:

dd | mm | yy

PLEASE GIVE FULL DETAILS OF HOW THE ACCIDENT OCCURRED:

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:

Was the injury as a result of criminal assault or a Road Traffic Accident?

☐ Yes ☐ No

If Yes, was the accident reported to the police?

☐ Yes ☐ No

ADDRESS OF POLICE STATION:
POSTCODE:
INCIDENT REPORT NUMBER:
NAME OF POLICE OFFICER INVOLVED (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
- 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

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:

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

