AIG
AIG損保

Overseas Travel Insurance Claim Form

- Baggage
- Baggage Delay
- Flight Delay

To AIG General Insurance Co., Ltd.

Date

- I hereby file a claim for insurance benefits on the basis of the insurance contract with AIG General Insurance Co., Ltd. by attaching the relevant documents.
- In case I receive more than the amount of loss that is stipulated by this policy or other insurance policies that against the same loss or expense, I immediately refund the balance to AIG General Insurance Co., Ltd. and other insurers. If AIG General Insurance Co., Ltd. and other insurers specify how to refund, I will follow their instructions.
- In case I have other insurance policies that cover this loss, I agree that AIG General Insurance Co., Ltd. claim other insurance companies the amount that exceeds the portion of the loss to be paid by AIG General Insurance Co., Ltd.

1 Insured(Traveler)/Claimant

Certificate/Policy No.			ID No. if the policy is corporate contract	
Insured	Name		Daytime Telephone No.	
			Email Address	
	Address in Japan	〒 –	Sex	Male / Female
	Office		Date of Birth	Age
Not necessary when the insured files a claim				
Claimant	Name		Daytime Telephone No.	
			Email Address	
	Address	〒 –		

2 Other Insurance Information

● Please fill in below : Circle all that apply.

Other overseas travel insurance policy that would cover this loss.	Name of company		Policy No.
Please circle all credit cards you have.	JCB / MitsuiSumitomoVISA / UC / DC / Master / SuMi TRUST CLUB(CITI) / NICOS / ORICO / MUFG / JACCS / LIFE APLUS / CF / VIEW / Diners / Amex / JAL / ANA / UA / OMC / AEON / VISA Executive / VISA Amitie / JCB Nexus・Grande / EPOS / Rakuten / Other credit card with Overseas Travel Insurance 【Card Name: 】		

3 Describe The Incident

● We may ask you to provide additional supporting documents and cooperation for our investigation.

Date & Time				
Place	Country ( ) City ( )			
How did it occur?				
Do you have any accident reports from police/airline?	No / Yes ▶	Reported to		
		Reported Date		
Witness	Signature of witness		Telephone No.	
			Relationship to Insured	

4 Bank Account Information

Name of Bank		Name of Branch		For JapanPostBank (9900)	
Futsu・Sogo / Toza	Branch No.	Account No.	PassbookCode 1 0	PassbookNumber	
Account Holder					

Continues to the reverse side.

代理店受付日	年 月 日	保険会社受付日	

4ST-3B1

5 Baggage/Baggage Delay

- Please fill in actual purchase price, not listed price.
- For baggage and household goods, only items you owned or borrowed for the covered trip without a fee before the trip begins are covered. Please refer to the policy wording for the full details.

Items	Brand	Owner	Quantity	Purchase Price	Store	Purchase Date	Receipt/Guarantee card/Manuals Please submit if you have them.
							No Yes
							No Yes
							No Yes
							No Yes

In case of damaged bags/suitcases, do you agree on the following and request repair service? Yes / No

*AIG Insurance Company, Ltd. or repair shop(Yamazawa Kobo) will contact you if you request the service.

*AIG Insurance Company, Ltd. will reimburse the repair cost to the repair shop Yamazawa Kobo directly if the repair has been done

6 Travel Emergency Experience/Flight Delay

Expenses you paid	Date & Time of Purchace	Details of Expenses	Amount

In the case of Baggage Delay

Date & Time you arrived at the destination	
Date & Time you actually received the delayed baggage	

In the case of Flight Delay

● Please fill in below: Circle all that apply

(1) Waited for **more than 6 hours** at the place of departure due to delay, cancellation of flight, or any other reason you could not board

Scheduled Flight	Flight No.	Airline	
	From : ( ) To : ( )		
Scheduled Date & Time of Departure		Actual Date & Time of Departure	

(2) Waited for **more than 6 hours** at the place of landing due to change of landing airport

Flight that changed the landing airport	Flight No.	Airline	
	From : ( ) Scheduled Destination:( )		
Airport Landed		Date & Time of arrival at the airport	
		Date & Time that you departed from the airport	

(3) Waited for **more than 6 hours** at transit point due to delay of arrival to transit point and missed connection

Delayed Flight	Flight No.		Airline		
	From : ( ) To : ( )				
Scheduled Date & Time of departure of connecting flight		Actual Date & Time of your arrival at transit point		Actual Date & Time of departure of connecting flight	

Cause of above: Weather / Mechanical failure / Other ( )

7 If The Policy Is With Family Rider

In case there is any loss to co-insured of the policy, a claim can be filed on this claim form with their signature. Co-insured needs to write name and sign by agreeing the following and the payment be made to the designated bank account.	Signature		Signature	
	Signature		Signature	

Authorization

1. I hereby agree that AIG General Insurance Co., Ltd. makes inquiries or discloses my personal information among other insurers and mutual benefit associations on any matters in connection with the insurance policy/policies and/or the insurance claim relating to myself.
2. I hereby agree that AIG General Insurance Co., Ltd. shall use personal information on the claim documents which were submitted with regard to this claim for the following purpose:
   (1) Underwriting, renewal and maintenance of insurance, and payment of claims and benefits;
   (2) Notification and provision of services and products handled by our group and afiliated companies, and maintenance of their contracts;
   (3) Provision of information concerning our business, and for enhancement of products, services and operations;
   (4) Activities to achieve appropriate and effective operations and transactions with customers;
   (5) Other operations related to the above.
3. I hereby agree that AIG General Insurance Co., Ltd. shall, in addition to the case where AIG General Insurance Co., Ltd. have consent from the said personnel, provide personal information to third parties in the following cases:
   (1) Entrusting our operations to third parties (including our agents), to the extent necessary for achievement of such purposes;
   (2) Reinsurance arrangement;
   (3) If deemed necessary for sound management of the insurance system, including registration of the details of the "Policy" under a system established and managed by theinsurance industry;
   (4) Other cases in which such provision is deemed necessary due to laws, regulations or ordinances.
4. I hereby agree that the necessary information (content of contracts such as policy limits, information related to the claims such as loss amount, information related to paid indemnities) is furnished and used in order to recover the loss amount which exceeds the share of AIG General Insurance Co., Ltd. from other insurers as follows;
   ① AIG General Insurance Co., Ltd. furnishes the information to other insurers and obtains the information from the insurers and uses it.
   ② The other insurers furnish the information to AIG General Insurance Co., Ltd, and obtain the information from AIG General Insurance Co., Ltd.