

# Personal Accident And Sickness Claim Form



30 North Wall Quay, International Financial  
Services Centre, Dublin 1.  
Tel: +353 1 208 1400  
E-mail - irelandclaims@aig.com

**Please answer questions, but if any are inapplicable, please write 'Not Applicable'**

Name of Insured Policy No.  
Name of Claimant Date of Birth  
(in full):  
Address Tel No.  
Email

Present Business  
or Occupation:  
Date your employment commenced with your current employer:

## Answer these questions if claim is for accident

Have you ever suffered from this complaint before? YES NO

If so, when? On what date did symptoms first appear?

How did the accident occur and what were you doing at that time?

Date of accident Time Place

Witnesses' names and addresses

State as fully as possible what injuries you have suffered or the nature of your sickness:

Name and address of your usual Medical Attendant:

Has any other Doctor/Specialist been consulted? YES NO If YES, please give name and address

Name: Address:

During what period have you been confined to hospital  
as an in-patient or an out-patient? From: To: (inclusive)

Hospital name and address:

When were you able to attend: (a) To a PORTION of your usual Business or Occupation? (date)  
(b) To the WHOLE of your usual Business or Occupation? (date)

Is any other Insurer paying you compensation for this accident or sickness? YES NO

If YES, which Insurer?

Are you receiving Social Welfare Benefit? YES NO

If YES please confirm the exact amount

I hereby declare that the above statements are true in every respect and are made without reservation, and I claim to be paid benefit under the policy, and also authorise any Medical Practitioner who has attended me to disclose to AIG Europe S.A., if required to do so, any or all information in respect of any medical or surgical condition from which I have suffered. A photocopy of this authorisation shall be considered as effective and valid as the original.

Date: Signature:

## Medical Certificate

1.
  - a. Are you the Claimant's usual Medical Attendant? YES NO
  - b. How long have you known the Claimant?
  - c. Are you still in attendance? YES NO
2. **Accident Details:-**
  - a. What was the **date** and Cause of the accident as far as you know?
  - b. What injuries were sustained? (If a hand, arm, foot or leg please state right or left)
  - c. Treatment
3. **Sicknes Details:-**
  - a. Full details of illness
  
  - b. Diagnosis
  
  - c. Treatment
4. Is there anything in the medical history which might have contributed to the occurrence of the accident or illness, or which may in any way impact recovery?
5. Have any of the conditions referred to above left any effect upon the Claimant's constitution? If so, has the claimant any knowledge of the nature of the complaint?
6.
  - a. During what period has the Claimant been **totally** disabled from attending to any portion of his **normal** duties?  
From \_\_\_\_\_ To \_\_\_\_\_ (inclusive)
  - b. If Claimant is still totally disabled, please state probable date of **partial** resumption of his **normal** duties
  - c. If Claimant is **partially** disabled, please state from when and probable date of **complete** recovery  
From \_\_\_\_\_ To \_\_\_\_\_ (inclusive)
  - d. If Claimant has recovered please state date of recovery
7. **General Remarks**

I certify that these particulars are true and correct.

Signature:

Qualifications:

Address:

Date:

MEDICAL PRACTITIONER STAMP

## Bank Details – in the event of a payable claim

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

You will find the details needed above printed on statements from your financial institution.

### Names of account holders:

Name 1:

Name 2, if any:

## HOW WE USE PERSONAL INFORMATION

AIG Europe SA 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.ie/privacy-policy> or you may request a copy by writing to: Data Protection Officer, AIG Europe SA, 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: [dataprotectionofficer.ie@aig.com](mailto:dataprotectionofficer.ie@aig.com).