



Lifeline Plus Group Personal Accident and Travel Insurance

Fatal Accident Claim Form

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

PART 1 – DETAILS OF THE INSURED

Details of the policyholder (insured company)

Policy number

Name of the company

Address

Postcode

Country

Did the deceased work at this address? Yes No

If not where did the deceased work? (Please name branch/subsidiary and location)

Is the insured company aware of you claiming this benefit under the policy? Yes No

If you claim as a company representative (HR, Finance, etc) please provide your details

Full name

Position

Telephone number

Email address

Is this claim payable direct to the company? Yes No

Details of the claimant (other than company representative)

Full name

Address

Postcode

Country

Telephone number

Email address

Relationship to deceased person Spouse Partner Child Other (please state) _____



Details of the deceased person

Full name

Address

Postcode Country

Date of birth

Occupation

Relationship to policyholder

Employee Spouse of an employee Visitor

Contractor Child of an employee Other (please state)

If the deceased person is a spouse or child of an employee, please provide the name of the employee

PART 2 - DETAILS OF THE CLAIM

Details of the trip (only if the accident occurred during travel)

Travel destination From To

Scheduled dates of the trip From To

Travel order number (if applicable)

Reason for travel Business trip Leisure Long term secondment

Country where accident occurred

Details of the accident

Date/time of accident

Description of accident

Place of accident

Reporting the accident

Was the accident reported to the police? Yes No

Police station address (if applicable)

Officer's name and serial number

Details of witnesses

	Witness 1	Witness 2
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>



	Witness 1	Witness 2
Daytime phone number		
Home phone number		
Mobile number		
Email address		

Details of employment and income

At the time of the accident, was the deceased

Employed Self-employed Not employed
 Full-time Part-time

Name of employer

Address of employer

Occupation/job title

State annual income (basic salary without bonuses)

PART 3 – PAYMENT DETAILS

Please complete if a payment may be due

Do you require

Bank transfer Cheque

If cheque, make payment to

If bank transfer

Name of account holder

Name of the bank

Address of the bank

Account number

Sort code (UK only)

For international transfers only (outside UK)

IBAN (International bank account number)

SWIFT/IBC Code

Account currency



PART 4 - HOW WE USE PERSONAL INFORMATION

We are 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 dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- 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 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, brokers and other 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 law. 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 detect and prevent 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 and other countries with different data protection laws than in your country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at http://www.aig.com/_2538_371879.html or you may request a copy using the contact details above.

PART 5 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person’s permission.

Signed

Date

Details of the person completing the form (if not the claimant)

Full name	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Relationship to claimant	<input type="text"/>
Reason for completing the form on behalf of the claimant	<input type="text"/>
Details of the next of kin or entity managing the estate of the deceased (if benefit not payable direct to company)	
Full name	<input type="text"/>
Company (if entity)	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Relationship to claimant	<input type="text"/>

Please include the following documents

- A certified copy of the death certificate or interim death certificate
- Police reports if applicable
- Proof of salary

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

Email claimsuk@aig.com
 Post **A&H Claims, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon, Surrey CR9 2LG, United Kingdom**
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