



CLAIM FORM - EVACUATION

Tick the appropriate product:

A. MAISHA SCHEME

Individual Family Group Corporate

B. INBOUND TOURIST

Bronze Silver Gold Platinum

Policy Number:

Start Date: _____ End Date: _____

Date Premium Paid: _____ Amount: _____

SECTION A: PERSONAL / CORPORATE DETAILS

Name of Family / Group / Corporate: _____

Details of person evacuated:

Surname: _____ First Names: _____ Age: _____

ID/Passport No. _____ Usual Place of Residence: _____

E-mail _____ Mobile Phone No: _____

Postal address _____

SECTION B: EVACUATION DETAILS

1. Date of illness/injury: _____

2. Nature of illness/Injury: _____

3. Details of Evacuation from and to: _____ Distance: _____

4. Has the Patient been evacuated previously? _____

If YES, please state how many times and corresponding dates and reasons (s):

5. Amount being claimed _____

Attach supporting detailed invoice.

SECTION C: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i-ii above

Name: _____

Signature: _____ Designation _____

Date: _____

Company Stamp: