



CLAIM FORM - MFI

Section A: Individual Claimant (In case of death, group leader to complete).

Surname: _____ Other Name(s) _____

Date of Accident/Illness/Catastrophe (*Delete what does not apply*) _____

Description of Accident/Illness/Catastrophe _____

Signature: _____ Date: _____

Policy Number: _____

**In case of Permanent Total Disability, details will be obtained from the attending medical practitioner.*

Section B: (Group Leader)

Name: _____

Signature: _____ Date: _____

Section C: (Loan Officer)

1. Outstanding Loan Amount _____

2. Has there been default on repayment prior to insured event: Yes/No _____

3. If so how much inclusive of interest? _____

4. Amount of outstanding loan and interest net of 2 above: _____

Name: _____

Signature: _____ Date: _____

Section D: (Branch Manager)

Name: _____

Signature: _____ Date: _____

Section E: (Head Office Officer)

Name: _____

Signature: _____ Date: _____

SECTION D: 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: _____

Company Stamp:

