

Section 1: Medical Expenses

Date and Time of injuries or sickness: (DD/MM/YY) / / Time:

First visit to doctor: (DD/MM/YY) / /

Have you received any treatment before? No Yes, If Yes Please specify the name of the hospital and Date of visit

Please give specific details of injuries and loss location / in case of sickness please specify symptoms

Claims Supporting Documents:

- Original Medical receipts (No Copies)
- Copy of Medical Reports
- Copy of Personal ID with certified true copy
- Copy of saving account bankbook
- Copy of police report

Section 2: Accidental Death / Dismemberment / Permanent Disability

DD/MM/YY: / / Time of accident:

Location:

Description of accident, how?

Preliminary Claims Supporting documents:

- Copy of Personal ID of insured with certified true copy

Claims Supporting documents:

- Medical report with specified dismemberment, eyesight, permanent disability
- Photo of disability / dismemberment
- Copy of death certificate
- Copy of Autopsy Report or Forensic report
- Copy of police report
- Copy of Personal ID and house of registration with dead stamp
- Copy of Personal ID and house registration of the beneficiary with certified true copy
- Copy of saving account bankbook

Call Center:
Tel. 0 2649 1999
Fax. 02649 1998
E-mail: Thailand.cc@aig.com

Claim Department:
23rd Floor, Siam Piwat Tower, 989 Rama I Road, Patumwan, Bangkok 10330, Thailand

Claim Inquiry:
Tel. 0 2649 1999 press 1 or 2 (Office hours: Mon - Fri at 8:30 - 17:00)
E-mail: Claimshereservices@aig.com

Complaint and feedback channel:
Tel. 0 2649 1596
Fax. 02649 1998
E-mail: complaint@aig.com