Travel Insurance Claim Form

This form must be completed truthfully and accurately and no information or materials should be withheld and that AIG will rely and act on the Information accordingly. Otherwise, we reserve the rights to deny liability or recover amounts paid, whether wholly or partially. If there is not enough space on this form or the applicable field is not available, please supplement with attachment providing information. To avoid delay in processing your claim, please ensure that the form is completed with sufficient information and attached with supporting documents.

You may return your claim form along with supporting documents via email by sending it to: insurance@admin.ox.ac.uk
Alternatively, you may submit your claim via postal mail to include your original receipts to the address below:

Oxford Mutual Ltd,
University of Oxford Finance Division,
C/O Oxford University Press, Great Clarendon Street,
Oxford,
OX2 6DP

Personal Information (Required)

Document/s Required For All Claims: Copy of booking confirmation (itinerary)

Policy/Certificate No.: _____

Full Name of Policy Holder: _____

Claimant Full Name (person who is presenting the claim): _____

Name of Parent/Legal Guardian (if Insured/Claimant is below the age of 18): _____

Date of Birth (DD/MM/YYYY): _____ _____

Mobile Phone No.: _____

E-mail Address (Claims or payment notification will be sent to this email address): _____

Travel Guard Case reference number, if applicable: _____

Mailing Address: _____

Travel Country/City Destination: _____

Scheduled Date of Trip Commencement (DD/MM/YYYY): _____ /_____ /_____

Scheduled Date of Return to Home Country (DD/MM/YYYY): _____ /_____ /_____

Are you a citizen of the United States? ☐ Yes ☐ No

If yes, please provide your social security number: _____

American International Group UK Ltd is a subsidiary of a U.S. company and as such is required to report injury claims of U.S. citizens who may be eligible to receive "Medicare" (pursuant to the Medicare, Medicaid & SCHIP Extension Act of 2007). This information is requested solely to enable us to comply with this reporting requirement. Medicare, Medicaid & SCHIP Extension Act of 2007)

Do you have any other insurance policies covering this loss or expenses incurred?

☐ Yes ☐ No

If yes, please provide the details below:

Name of Insurer: _____

Policy Type: _____

Policy No.: _____

Have you received any payment towards this loss or expense incurred? ☐ Yes ☐ No

If yes, amount of such payment: _____

Payment Details (Required)

The request for payment mode is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured/Claimant only based on the following details provided.

Payee Name: _____ Name the Account Is In: _____

Bank Name: _____

Account Number (8 digits): _____ Sort Code (6 digits): _____

SECTION 2: Additional Support

Do you require additional support in communicating with us? **Yes** ☐ **No** ☐ **Prefer not to say** ☐

If Yes, your reasons for needing additional support may be listed below - please tick all that apply
The information you provide will help us adapt your claims experience to meet your additional needs where possible.

- ☐ Difficulties with English Language Skills
- ☐ Difficulties with Numeracy Skills
- ☐ Difficulties with Digital Skills (e.g. Ability to use Technology
- ☐ Little or no Access to Help or Support
- ☐ Low Confidence in Managing this Claim
- ☐ Severe or Long-Term Health Illness
- ☐ Learning Difficulties/ Disability
- ☐ Visual or Hearing Impairment
- ☐ Mental Health Condition/ Disability
- ☐ Physical Disability Leading to Mobility Issues
- ☐ Monthly Outgoings Exceeds Current Income
- ☐ Irregular Income
- ☐ Little or No Access to Savings
- ☐ Find it Difficult to Adapt to Stressful Situations/Crisis
- ☐ Addiction
- ☐ Bereavement
- ☐ Redundancy
- ☐ Retirement
- ☐ Sudden/Unexpected Drop in Income
- ☐ Caring Responsibilities
- ☐ Domestic Abuse

The personal information you provide in this Section will be used to help us to adapt, where possible, our handling of your claim to meet your particular circumstances. The information will be retained for as long as is considered necessary for the purpose for which it was collected and to comply with our legal and regulatory requirements.

You have the right, at any time, to request that AIG not use Personal Information that you have provided in this Section. To give such notice please contact AIGTravelClaims@aig.com quoting your claim number. For more information about your rights and on how we use Personal Information, please see our privacy policy available at https://www.aig.co.uk/privacy-policy.

Type of Claim (Required, please select all that apply and complete the appropriate section)

- ☐ Medical Expenses - **Complete Section A**
- ☐ Personal Belongings & Baggage - **Complete Section B**
- ☐ Travel Delay and Delayed Baggage - **Complete Section C**
- ☐ Trip Cancellation, Postponement, Curtailment, Interruption - **Complete Section D**

Section A – Medical Expenses

Documents required under Section A

- Original medical receipt(s) with diagnosis certified by treating physician
- Doctor's memo/medical report/medical exam report/inpatient discharge summary detailing the medical history and the first symptom/accident date
- Letter of referral from general practitioner for the medical treatment conducted by specialists, physiotherapists, etc. **(if applicable)**

Date of the injury/sickness (DD/MM/YYYY): _____ /_____ /_____

Date of first consultation with doctor/hospital (DD/MM/YYYY): _____ /_____ /_____

Nature of injury/diagnosis of sickness: _____

In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? _____

Have you had the same or similar condition in the past? ☐ Yes ☐ No

If yes, please provide detail: _____

Section B – Personal Belongings & Baggage

Documents required under Section B

- Loss/theft/damage reports issued by the relevant authorities or organizations (e.g. police, airline,hotel, etc.)
- Original purchase receipts
- Original repair receipts/quotations
- Photos showing the extent of the damage
- Compensation letter from airline/hotel/any other parties

Were your personal belongings/baggage lost, stolen or damaged? (Check applicable box)
☐ Lost ☐ Stolen ☐ Damaged

Date and time of loss/theft/damage (DD/MM/YYYY): _____ /_____ /_____ Time:_____:_____ ☐ AM ☐ PM

Location of loss/theft/damage: _____

Full Description of how the loss/theft/damage occurred: _____

_____

_____

Was the loss/theft reported to an authority? ☐ Yes ☐ No

Was the damage reported to liable party, e.g. common carrier? ☐ Yes ☐ No

Did the common carrier/hotel offer compensation in any form? (including repair, replacement) ☐ Yes ☐ No

If yes, please specify: _____

Name and contact information of the reported police station/common carrier/hotel:

_____

Details of the lost/stolen/damaged items (If the space is not enough, please supplement information by attachment):

Item(s) lost/damaged	Date of Purchase	Purchase Price	Repair Quotation	Photo	Receipt
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

Section C – Travel Delay and Delayed Baggage

Document required under Section C

For Travel Delay

- Documentation from airline indicating the reason and the total number of hours of the delay
- Travel itinerary and the boarding pass of the actual flight taken

For Delayed Baggage

- Property irregularity report
- Acknowledgement receipt on the date and time baggage received
- Original receipts for the emergency purchase of essential items, ONLY applicable when the policy covers emergency purchase

Benefit you are claiming: ☐ Delayed Baggage ☐ Travel Delay

Reason for Delay: _____

When was your baggage returned? (DD/MM/YYYY) _____ /_____ /_____ Time:_____:_____ ☐ AM ☐ PM

Original departure/arrival time: Date (DD/MM/YYYY): ___ /_____ /_____

Departure time: _____:_____ ☐ AM ☐ PM Arrival time: ___:_____ ☐ AM ☐ PM Flight No.: _____

Actual departure/arrival time: Date (DD/MM/YYYY): ___ /_____ /_____

Departure time: _____:_____ ☐ AM ☐ PM Arrival time: ___:_____ ☐ AM ☐ PM Flight No.: _____

For Delayed Baggage Only: Did you make any emergency purchases of essential items? (If Yes, list items below)

Details of essential items purchased (If the space is not enough, please supplement information by attachment):

Item(s) Purchased	Date of Purchase	Purchase Price	Receipt
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Section D – Trip Cancellation, Curtailment and Interruption

Document required under Section D

- Reason of trip cancellation, curtailment or interruption with documentary proof
- If the reason is medical related, medical report or doctor's note detailing the medical history and the first symptom/accident date and confirming the unfitness to continue the trip
- Proof of relationship to Insured (where applicable)
- Death Certificate (where applicable)
- Actual itinerary
- Original receipt(s) showing the pre-paid traveling expense, including but not limited to the flight, accommodation expense, tour fare deposit and balance payment receipt, etc.
- Documentation from travel agent, flights, and/or hotel confirming the pre-paid booking cancellation, the Insured's absence and the refundable/refunded amount
- Original receipts of transportation and accommodation incurred additionally because of curtailment

Benefit you are claiming:
☐ Trip Cancellation: Choose this if you were unable to depart for your trip
☐ Trip Curtailment/Interruption: Choose this if while on your trip your travel plans were changed

Reason for trip cancellation, curtailment or interruption: _____

Period of curtailed/interrupted (DD/MM/YYYY): From: ___ /_____ /_____ To: _____ /_____ /_____

If the trip curtailment/interruption/cancellation was due to death, serious injury or sickness of the insured/immediate family member/close business partner/traveling companion, please state:

Full name of sick/injured/deceased person: _____ Relationship to the Insured: _____

Diagnosis: _____

Expense	Claim Amount (indicate the currency)	Amount refunded by airline, hotel and/or travel agent
Accommodation expense		
Transportation expense		
Unused entertainment ticket		

How We Use Personal Information

American International Group UK Limited 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
- Marketing, 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: http://www.aig.com/globalprivacy or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: dataprotectionofficer.uk@aig.com.

This authorization shall bind the Insured(s')/Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s')/Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

Signature of Insured/Claimant: _____

Date Signed (DD/MM/YYYY): ____ /_____ /_____

Signature of Parent/Legal Guardian (if Insured/Claimant is below the age of 18): _____

Date Signed (DD/MM/YYYY): ____ /_____ /_____