



Claim number
(To be filled in by AIG)

Claim notification to be sent to:
AIG Europe Limited
Box 3506, 103 69 Stockholm

E-mail bti@aig.com

Phone +46 8 506 920 20
Fax +46 8 506 920 69

NOTIFICATION OF CLAIM – Medical Claim

INSURED

Social Security Number / Employee ID		Policy Number	
Surname		First Name	
Residential Address		Postal Code, Postal Address and Country	
Telephone/Mobile		E-mail <input type="checkbox"/> I agree to be contacted by e-mail	
Any compensation shall be paid to: (Note that all information must be entered. For IBAN number and Swift code, contact your bank)			
Name of Bank		<input type="checkbox"/> Bank account incl. clearing <input type="checkbox"/> Bankgiro <input type="checkbox"/> Plusgiro	
Name (If recipient of payment is other than Insured)		IBAN number	SWIFT code
Employee status? <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled			

INFORMATION ON CLAIMANT

Surname		First Name	
Date of birth		Patients Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number		Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
Is Patient a Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name and Address of School:	

SICKNESS OR ACCIDENT

Type of sickness/accident		Has the claim been reported before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Claim Number	
When and where was a physician consulted?			Date		Place
In hospital		From date		To date	
			Are you still receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are future effects anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dont know			If yes, what type?		
Have you previously suffered from the same sickness? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when and which physician was consulted then?		
Date of Accident:			Is condition due to pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REPORT OF SERVICES (ALWAYS ENCLOSE RECEIPT)

Date of Services	Description of Surgical or Medical Services	Hospital name/ Health center	Charge
AMOUNT PAID:			

THE EMPLOYEE'S SIGNATURE – COMPULSORY

I certify that the above stated information is correct and truthful.	
Print name	Signature
Date	

HOW WE USE PERSONAL INFORMATION

AIG Europe 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.se/en/privacy-policy> or you may request a copy by writing to: Data Protection Officer, , AIG Europe limited Box 3506, 103 69 Stockholm eller skicka e-post till: or by email at: dataskyddsbud.se@aig.com.

DATA PROTECTION CONSENT

By signing below, I give consent for my Sensitive Personal Information about my health to be used by AIG Europe Limited, i.e. the data controller and any other key data controllers], [its/their] affiliates, reinsurers, fraud prevention agencies, and third party service providers (as set out in the privacy policy) for the purpose of insurance administration.

When we refer to "insurance administration", we mean arranging, underwriting, and administering insurance and reinsurance policies, providing ancillary services and administering claims under those policies, as well as exercising rights, or complying with obligations, in connection with those policies. This may include rights or obligations under the laws that apply to us.

If you withhold or withdraw this consent, we may not be able to provide our services to you or assess your claim.

Print name	Signature
------------	-----------

Date

By signings below, I give my consent to AIG Europe (AIG) to obtain information from physicians, medical institutions, regional social insurance offices, the Swedish National Tax Board and other authorities and insurance companies that may be required for assessing my claims for compensation.

Print name	Signature
------------	-----------

Date

You have the right to withdraw each of the above consents at any time. If you want to withdraw your consent, please write to AIG Claims Department: AIG, Box 3506, 103 69 Stockholm, Sweden or claims.sweden@aig.com. For further information on how we use Personal Information, please see our privacy policy at <http://www.aig.se/en/privacy-policy>