



# Claim Form

Name of insured/policy holder  Policy Number

Name of Broker

Contact Person

Contact Telephone Number

Contact Email Address

ABN

What percentage of the GST has been claimed on the premium?  %

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen?  Yes  No

If Yes, then please supply your Social Security Number

Claimant's Name

Claimant's Address

Claimant's Telephone Number  Claimant's Date of Birth (where applicable)

When did the loss/accident occur?

Where did the loss/accident occur?

When was the loss/accident first reported to you?

Please provide us with a brief description of the loss or accident.

Please provide a brief description of injuries (where applicable).

Please provide a brief description of property damaged, including approximate value (where applicable).


Please provide details of any witnesses.


Have any claims been made? If yes, please provide details.


## Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, and maintain and improve customer service. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at [www.aig.com.au](http://www.aig.com.au) or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Mansions will collect, hold, use and disclose your personal information for the purposes of administering all aspects of your insurance policy (including claims) in accordance with its privacy policy available at [www.steadfastagencies.com.au/privacy-policy/](http://www.steadfastagencies.com.au/privacy-policy/)

### Consent

I consent to AIG and Mansions collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG and Mansions about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and Mansions and also to give this consent on both my and their behalf.

I hereby warrant the truth of the foregoing statements and the particulars of the above items and I make this solemn declaration conscientiously believing the same to be true.

Name	<input type="text" value="Please Print"/>	Signature
Date	<input type="text" value="/ /"/>	

## Telephone 1300 170 902

Please send to: [mansionsclaims@aig.com](mailto:mansionsclaims@aig.com)

Mansions Claims  
GPO Box 4363  
Melbourne VIC 3001

**PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD**



#### Head Office

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