



Travel Insurance

What you need to file a Travel Claim:

- **Policy number, unless claiming with coverage through your credit card**
- **If claiming with coverage through your credit card, please provide the first six and last four digits in the card number and your bank statement showing that you have paid for 50% of the transportation expenses with this card**
- **Bank details in case of payment**
- **Information and documentation supporting the loss that has been suffered, including but not limited to:**
 - **Travel Documents, including tickets, contracts / agreements / bookings, or proof of cancellation or refund**
 - **Receipts, invoices, credit card statements, or bank statements showing expenses incurred and payment type**
 - **Medical documents and expenses**
 - **Documentation from your airline / transportation company including fees, compensation, refunds, confirmation of delay, or damage or loss reports (PIR)**
 - **Police reports**

If you have any questions, regarding the above please contact us by email at NorwayClaims@aig.com or by phone at 22 00 20 80.

Please send claim form and documentation to:
NorwayClaims@aig.com

or:
AIG Europe S.A.
Postboks 1588,
Vika 0118 Oslo



Claim Form – Travel Insurance

USE BLOCK LETTERS OR FILL OUT ONLINE. ALL RELEVANT SECTIONS MUST BE FILLED OUT.

Type of claim

Trip Cancellation Trip/bag delay Luggage Sickness Accident Car Rental Other

How did you get your insurance

Purchased Myself Through my Employer Union/Association Credit Card

Insured and Policy number

Insured/Cardholder

Policy Number

Your insurance was through an employer:

Name of Employer

Name of Employee

Work Email address

Your insurance through Union or Association

Name of Union/Association

Membership number

If your insurance is through your credit card:

Credit Card number (first 6 and last 4 digits)

Name of Bank

						X	X	X	X	X	X				
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Other coverage

Do you have another insurance that may also cover your claim? For example through your place of work, a union or through your spouse's travel insurance or through another credit card. You may be eligible for additional compensation. (E.g. policy excess, costs that exceed your insurance limit with AIG Europé S.A.).

Yes No

Company's name:

Policy/customer number:

Did you pay for your trip on a credit card that includes travel insurance provided by another insurer (not AIG)

Yes No

If yes, please provide your credit card number (first 6 and last 4 digits) and the insurance company's name.

						X	X	X	X	X	X				
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Have you submitted your claim to this company?

Yes No

Please note that in accordance with Insurance Law § 8-1, paragraph 1, you are required to provide this information

Trip details

Destination

What was the nature of your trip? Business Leisure Both

Travel start date

Travel end date

Have you been in contact with the Emergency Assistance Company:

Yes No

If Yes, please provide the Claim Number/Alarm Central/SOS Reference

Claimant details

Claimant's full name

Date of birth / Norwegian social security number:

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Relation to policyholder

Address

City and postal code

Phone number

E-mail address.

Can we contact you by e-mail? Yes No

Baggage delay & trip delay related claim only

When did the delay occur: Outward Journey Homeward journey

Where did the delay occur

Date (planned arrival)

Date (actual arrival)

Have you reported the incident to the airline? Yes No

Time (scheduled arrival)

Time (Actual arrival/received baggage)

Describe the event in your own words. This is important for the processing of your claim. Use a separate sheet if necessary.

Baggage loss & damage related claim only

Where did the loss/damage occur

Date of Incident

Time of Incident

Has the incident been reported to the police,
tour guide, airline or others:

Yes No

Who did you report it to?

When and how did you discover that the damage/loss had occurred?

Where and how was the item stored?

Were there any witnesses to the loss/damage: Yes No

If yes, name and contact details of witness.

Describe the event in your own words. This is important for the processing of your claim. Use a separate sheet if necessary.

Trip cancellation claim only

Travel booking date

Date of event that resulted in the cancellation

Reason for cancellation

Full name of the injured party

Relationship to the Policyholder /Insured

Have you received any compensation from a travel agency, airline etc. Yes No Amount received

Additional information

Accident and/or illness related claim only

Date of accident/illness

Date of medical treatment

Where and how did the accident/illness occur - if insufficient space please attach separate sheet

Description of injury/diagnosis:

Hospital stay:

Bed confinement as prescribed by a medical doctor:

From

To

From

To

Have you ever suffered from a similar illness? Yes No

If yes, when month/year

CDW/Car rental related claim only

Name of the rental car company

Rental Period

From

To

Site of damage

Incident Date

Incident Time

Has the incident been reported to the police: Yes No

Description of the incident- use a separate sheet if necessary

Claim / Expenses

Please list the expenses that have been incurred. Use a separate sheet if necessary			Please tick for each expense	
What are you claiming	Currency	Amount	Pay me	Pay my employer

Bank details

Where should we send the claim payment? Myself Employer

Bank Name

Bank Country

Account Name

Account Number

BIC/SWIFT

IBAN, if applicable

Payee address

Terms and Conditions

I hereby provide consent for AIG Europe SA, acting as data controller, and/or any other key data controllers, its/their affiliates, reinsurers, fraud prevention agencies, and third party service providers for the purpose of insurance administration to utilize special categories of information (as defined under applicable data protection laws), including the information about my health and that of other individuals (including minors) mentioned in this Claim Form. This consent is granted for the explicit purpose of insurance administration.

The term "Insurance administration" encompasses activities such as 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. Additionally, it covers the exercise of rights and fulfillment of obligations associated with said policies, including compliance with applicable laws.

Before disclosing any Personal Information about another adult, it is imperative that you (a) inform the concerned individual about the content of this notice and our Privacy Policy; and (b) obtain their permission (whenever possible) to share their Personal Information with us in accordance with the Privacy Policy.

You maintain the right to withdraw your consent at any given time. If you wish to do so, please contact AIG at norwayclaim@aig.com. However, it is important to note that withholding or withdrawing this consent may result in our inability to provide our services to you or assess your claim.

For further information about how AIG uses Personal Information, please refer to our privacy policy at <https://www.aig.no/sample-sikkerhet-og-personvern>

Declaration

I hereby declare that all information provided herein is correct and true. I also authorize the insurance company to obtain necessary information with respect to the above mentioned claim. If we require a signed declaration or statement in respect to the claim, we will contact you later.

Signature

Date

Please make sure to save your document before you click "Send Form"

You can submit your claim online: The claim form will automatically be attached to an email when you click on the button to the right; «Send Form.» Please attach your documents together with the completed claim form.

An opportunity to do this will appear after you click on "Send Form". You can also save the form and send it, and your documents as email attachments to norwayclaim@aig.com

Send Form