



Please answer all questions as fully as possible, using the spaces provided as well as additional pages where required. When completed please save a copy of this form to your computer and email as an attachment to [commercialclaims@aig.com](mailto:commercialclaims@aig.com) or fax (03) 9522 4974

Name of insured	<input type="text"/>
Trading as name	<input type="text"/>
Name of Broker	<input type="text"/>
Policy Number	<input type="text"/>
Address of Insured Property	<input type="text"/>
Contact details	<input type="text"/>
Email details	<input type="text"/>

Date of Loss, Theft or Damage

Location of Loss, Theft or Damage (if different from Insured Property).

Please state fully the circumstances of the event which has given rise to this claim.  
(if the event is a theft from the insured property, please provide details on how entry was gained.)

If claiming for loss or damage resulting from theft, the date the matter was reported to the police.   
(Please attach a copy of the police report.)

## Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT?  Yes  No

2. Name the account is held in:

3. BSB number (6 digits in total) Financial institution account number (up to 9 digits only)

(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial Institution:  Branch:

# Claim Report



Please list all items and property lost, stolen or damaged here and the following pages.

Full details of item including make and model	Date of purchase	Claimed amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Any additional remarks or comments

## Privacy Consent

### I consent to AIG

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may be not able to process your claim.)
- (b) Disclosing my personal information to related entities of AIG, their staff members located outside Australia, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the AIG privacy policy statement, including information about access, may be obtained by writing to: The Privacy Manager, AIG, GPO Box 4363, Melbourne VIC 3001, or by downloading from AIG website [www.aig.com.au](http://www.aig.com.au)

I declare that the enclosed information is a true and accurate record, and I have read and accepted the privacy information detailed above.

Date

Please submit your claim form and supporting documents to:

Email: [commercialclaims@aig.com](mailto:commercialclaims@aig.com)

Facsimile: 61 (3) 9522 4974

Telephone: 1300 761 195

AIG Claims Dept.

GPO Box 4363, Melbourne, VIC 3001

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



Bring on tomorrow

#### Head Office

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