

AIG Europe Limited (Finland Branch)
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Finland



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TRAVEL INSURANCE CLAIM FORM

INSTRUCTIONS FOR CLAIMANTS

Please fill in all sections of the form carefully.

To speed up the settlement of your claim, please enclose the following documentation: proof of trip (e.g. tickets), original receipts for any incurred expenses, available medical documentation, police report in case of theft and a certificate from the airline or travel agency in cases of delayed trip or luggage. **Please note that if the validity of your insurance policy is dependent on the trip having been paid with a specific credit card, the claimant is instructed to enclose a certificate confirming that the trip has been paid with that specific credit card.**

The claim form and attachments should be sent to:

Transcom Worldwide Vilnius
Žirmūnų g. 139
09120 Vilnius, Lithuania

INFORMATION ON YOUR INSURANCE POLICY

Which insurance policy are you claiming from?

<input type="checkbox"/> Nordea Credit (policy number 102-3022)
<input type="checkbox"/> Nordea Gold (policy number 102-2827)
<input type="checkbox"/> Nordea MasterCard Business (policy number 102-2828)
<input type="checkbox"/> Nordea Platinum (policy number 102-3797)
<input type="checkbox"/> Nordea PINS MasterCard (policy number 102-3855)

CLAIMANT'S PERSONAL DATA

Name		Personal identity number
Street address		
Postal code	City	Country, if other than Finland
E-mail address		Telephone number
Account number (IBAN)	The owner of the account, if not the claimant?	

By filling in your e-mail address above, you consent to AIG contacting you via e-mail during the handling of your claim.

INFORMATION ON LOSS EVENT

Travel destination and route	
Trip started (dd.mm.yy) - ended (dd.mm.yy)	Time of loss (date and time)
The loss occurred during <input type="checkbox"/> leisure time <input type="checkbox"/> work time <input type="checkbox"/> work trip	Are you insured in another insurance company against this type of loss? <input type="checkbox"/> no <input type="checkbox"/> yes, company:
Loss: <input type="checkbox"/> Trip cancellation / interruption <input type="checkbox"/> Medical expenses <input type="checkbox"/> Flight or luggage delay <input type="checkbox"/> Permanent disability due to an accident <input type="checkbox"/> Missed departure <input type="checkbox"/> Accidental death <input type="checkbox"/> Loss of luggage <input type="checkbox"/> Legal expenses <input type="checkbox"/> Liability <input type="checkbox"/> Other	
Detailed description of the loss event	

ITEMIZED CLAIM AMOUNT

	€		€
	€		€
	€		€
	€	Total	€

SIGNATURE

By providing your Personal Information to AIG in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at www.aig.com/fi-privacy-policy or upon request. In particular you consent to the transfer of your Personal Information internationally. To the extent that you have provided (or will provide) Personal Information to AIG about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to AIG as detailed in the Privacy Policy.

I declare that the information given in this notification is true and correct. For the purpose of this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons processing information about me and my state of health.

Place and date	Claimant's signature
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