

Cancer Cover Claim Form



Please complete this form in BLOCK CAPITALS and return it to: **AIG Direct Claims Department, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG.**

If you require assistance to complete your form or have any questions please call us on **020 8662 8101** and a member of our Claims Team will be able to help you..

PLEASE ENSURE YOU SIGN AND DATE THIS CLAIM FORM (SEE SECTION 5)

SECTION 1: Policy Details

POLICY NUMBER:

OFFICE USE ONLY:

CLAIM NUMBER:

SECTION 2: Personal Information – The Claimant

Please complete **ALL** questions.

CLAIMANT NAME IN FULL (INCLUDING TITLE):

DATE OF BIRTH:

dd | mm | yy

ADDRESS:

DAYTIME TELEPHONE NO:

MOBILE TELEPHONE NO:

POSTCODE:

EMAIL ADDRESS:

SECTION 3: Diagnosis

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

DIAGNOSIS:

DATE OF DIAGNOSIS:

PLEASE SUPPLY NAME AND ADDRESS OF YOUR GENERAL PRATITIONER AND TREATING CONSULTANT.

NAME OF YOUR GP:

NAME OF YOUR CONSULTANT:

ADDRESS:

ADDRESS:

POSTCODE:

POSTCODE:

SECTION 4: Access to Medical Records

A photocopy of this authorisation shall be considered as effective and valid as the original Access to Medical Reports Act, 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 Access to Health Records and Reports Act 1993 (Isle of Man) ("The Acts")

To enable AIG Direct to assess your claim, it may be necessary to obtain medical evidence. Any reports which are requested from your GP or specialist (medical practitioners) are subject to the Acts. In summary your statutory rights are as follows:

1. A medical report cannot be requested from any medical practitioner who has attended you, without your written consent. This form is asking for your consent.
2. If you do consent, you can say whether you wish to see a report before it is supplied to us. You do not have to give your consent but if you do not give consent we may be unable to proceed with your claim.
3. If you say you wish to see a report, we will write to your medical practitioner to tell them, and advise you that we have requested a report and told the medical practitioner that you wish to see it. You will then have 21 days from the date of notification to contact the medical practitioner to make arrangements for you to see the report and approve or request amendments to it before it is sent to us.
4. If you have asked to see a report before it is sent to us, the medical practitioner cannot submit it until you give your consent. You can write to the medical practitioner asking that any part of the report which you consider to be incorrect or misleading be amended or to have attached to the report a statement of your views on any part where you and the medical practitioner are not in agreement.
5. If the medical practitioner has not heard from you in writing within 21 days he/she will assume that you do not wish to see the report and that you consent to it being supplied to us.
6. If you say that you do not wish to see the report before it is sent to us, we will notify you when we write to your medical practitioner to request one.
7. In some circumstances the medical practitioner may decide, in the interest of your health, or to respect the interest of others, that you should not see all or part of the report. The medical practitioner will notify you of this and you will have the right to see any remaining part of the report. If the whole report is affected, this will not be given to us without your consent.
8. Whether or not you say you wish to see a report before it is sent to us, you may ask your medical practitioner to show you a copy of a report up to 6 months after it is supplied to us. The medical practitioner may charge a reasonable fee for the cost of supplying a copy of the report to you.

SECTION 4: Access to Medical Records Continued

Please confirm: I consent to the provision of any and/or all of my medical records to AIG Direct. Accordingly I authorise any institution or person (including, but not limited to: hospitals, doctors, nurses and other health professionals) who has been involved in my treatment both past and present to provide AIG Direct (or third parties acting on its behalf) with any information, including full medical records, reports or notes, concerning my physical or mental health

If you do **not** consent to AIG Direct obtaining a medical report, please tick this box

If you wish to see a report before it is sent to AIG Direct, please tick this box

SIGNATURE:

DATE

dd|mm|yy

How we use Personal Information

AIG Direct 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 dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition or criminal conviction, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- 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 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, brokers and other 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 law. 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 detect and prevent 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 and other countries with different data protection laws than in **your** country of residence.

Security and retention of Personal Information - Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about **our** use of Personal Information can be found in our full Privacy Policy at www.aigdirect.co.uk/privacy-policy or you may request a copy using the contact details above.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct, and I understand that if I give information that is incorrect or incomplete you may take action against me, including court action.

SIGNED:

DATE

dd|mm|yy

I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

SIGNED:

DATE

dd|mm|yy

DATA PROTECTION

Except as described above, we will not discuss your claim with anyone else without your permission, (including your spouse, any relative or friend, or legal advisor) unless you provide their name below.

NAME:

RELATIONSHIP: