



# Fatal Accident Claim Form

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians. If the claimant is unable to complete this form, the person completing and signing this form should give their details in the Declaration on page 4.

## PART 1 – DETAILS OF THE INSURED

### Details of the policyholder (insured company)

Policy number	<input type="text"/>		
Name of the company	<input type="text"/>		
Address	<input type="text"/>		
	Postcode <input type="text"/>	Country	<input type="text"/>
Did the deceased work at this address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not where did the deceased work? (Please name branch/subsidiary and location)	<input type="text"/>		
Is the insured company aware of you claiming this benefit under the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### If you claim as a company representative (HR, Finance, etc) please provide your details

Full name	<input type="text"/>		
Position	<input type="text"/>		
Telephone number	<input type="text"/>		
Email address	<input type="text"/>		
Is this claim payable direct to the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Details of the claimant (other than company representative)

Full name	<input type="text"/>		
Address	<input type="text"/>		
	Postcode <input type="text"/>	Country	<input type="text"/>
Telephone number	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to deceased person	<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Child	<input type="checkbox"/> Other (please state) _____	

**Details of the deceased person**

Full name

Address

Postcode  Country

Date of birth

Occupation

Relationship to policyholder  Employee  Spouse of an employee  Visitor  
 Contractor  Child of an employee  Other (please state)

If the deceased person is a spouse or child of an employee, please provide the name of the employee

**PART 2 - DETAILS OF THE CLAIM**

**Details of the trip (only if the accident occurred during travel)**

Travel destination From  To

Scheduled dates of the trip From  To

Travel order number (if applicable)

Reason for travel  Business trip  Leisure  Long term secondment

Country where accident occurred

**Details of the accident**

Date/time of accident

Description of accident

Place of accident

**Reporting the accident**

Was the accident reported to the police?  Yes  No

Police station address (if applicable)

Officer's name and serial number

**Details of witnesses**

	Witness 1	Witness 2
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Daytime phone number	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

### Details of employment and income

At the time of the accident, was the deceased  Employed  Self-employed  Not employed  
 Full-time  Part-time

Name of employer	<input type="text"/>
Address of employer	<input type="text"/>
Occupation/job title	<input type="text"/>
State annual income (basic salary without bonuses)	<input type="text"/>

### PART 3 – PAYMENT DETAILS

Please complete if a payment may be due

Do you require	<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cheque
If cheque, make payment to	<input type="text"/>	
<b>If bank transfer</b>		
Name of account holder	<input type="text"/>	
Name of the bank	<input type="text"/>	
Address of the bank	<input type="text"/>	
Account number	<input type="text"/>	
Sort code (UK only)	<input type="text"/>	

For international transfers only (outside UK)

IBAN (International bank account number)	<input type="text"/>		
SWIFT/IBC Code	<input type="text"/>	Account currency	<input type="text"/>

### PART 4 - HOW WE USE PERSONAL INFORMATION

American International Group UK Limited 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 partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- 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 and regulations 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 and third parties (such as 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 laws or regulations. 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.

**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, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

**Security of Personal Information** – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures

**Your rights** – You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

**Privacy Policy** - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com).

## PART 5 - DECLARATION

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution.

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

### Details of the person completing the form (if not the claimant)

Full name

Telephone

Email

Relationship to claimant

Reason for completing the form on behalf of the claimant

### Details of the next of kin or entity managing the estate of the deceased (if benefit not payable direct to company)

Full name

Company (if entity)

Address

Telephone

Email

Relationship to claimant

### Please include the following documents

- A certified copy of the death certificate or interim death certificate
- Police reports if applicable
- Proof of salary

**THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY UNDER THE POLICY.**

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are scanned and emailed or posted to us.

**Email** [GlobeCover.claims@aig.com](mailto:GlobeCover.claims@aig.com)  
**Post** GlobeCover Claims, 3<sup>rd</sup> Floor, American International Group UK Limited, The AIG Building,  
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