



Important Notes For Claimant

- The Claim Form is to be completed by the Claimant, except where the Claimant is a minor. In such instances the form should be completed by the minor's legal guardian.
- Acknowledgement and Declaration Section of Claim Form must be duly signed/have thumbprint affixed by the Claimant or the Claimant's legal guardian.
- Your claim will not be processed if Acknowledgement and Declaration Section of the Claim Form is not duly signed/has thumbprint affixed.
- Claim Form must be completed and the claim lodged with supporting documents within 30 days of the incident. Please mail to

AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16 AIG Building
Singapore 079120
+65 6419 3000
www.AIG.sg

- The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd. (the "Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant. The Company reserves the right to request for such further documents as it may deem fit in addition to the required documents listed in each of the sections of the Claim Form.
- You can submit your claim online at <https://www.aig.sg/personal-claims/travel-claim>



Policy Holder Information

- **Product Name and Plan:** Enter **Travel Program (NAC)**
- **Certification / Policy No. :**
 - 1) For Citi Corporate Card &/or Citi Purchasing Card, enter **5090000010**
 - 2) For Central Travel Account &/or Lodge Card Account &/or Virtual Card Account, enter **5090000011**
- **Master Policy No:** Enter NA
- **Policy Holder's Name:** Enter **Citibank, N.A., Singapore Branch**
- **Contact Details, Occupation, Nature of Business, Preferred Method of Communication:** Enter NA
- Complete all other required fields



Claimant Information

- **Claimant's Full Name** : Enter the following details:
 - 1) Cardholder/ Traveller's name
 - 2) Card Number
- **Name of Company**: Enter Legal Name of Corporation
- Complete all other required fields

Preferred Mailing Address

- Enter Claimant's mailing address

To Be Completed By Agent/Broker

- Not Applicable

Flight Details

- Complete all other required fields

Details of Your other insurance or compensation claims

- Complete all other required fields, if applicable

Acknowledgement and Declaration

- Complete all other required fields



Claiming For Accidental Death / Accidental Permanent Disablement Benefit

- For **Accidental Death** of an insured person, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Accident Related Claim Only, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Certified true copy of Death Certificate
 - Autopsy report (where applicable)
 - Police report for road traffic accidents or other accidents (where applicable)
 - Police investigation report
 - Coroner's Inquiry (where applicable)
 - All relevant medical reports (please note that all reports is at your expense)
 - Copy of passport/itinerary

- For **Accidental Permanent Disablement** of an insured person, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Accident Related Claim Only, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Police report for road traffic accidents or other accidents (where applicable)
 - Police investigation report
 - All relevant medical reports (please note that all reports is at your expense)
 - Copy of passport/itinerary

Claiming For Overseas Medical Expenses

- For **Outpatient / Inpatient Medical expenses reimbursement**, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Illness Related Claim Only, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Original Final Medical invoices and receipts (as proof of payment)
 - Medical Report / Inpatient Discharge Summary
 - Copy of passport / itinerary



Claiming For Travel Inconvenience Benefits

- For **Baggage Delay**, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Baggage Delay, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Boarding Pass / Air Ticket
 - Certified true copy of Baggage / Property Irregularity Report
 - Baggage acknowledgement slip and other correspondence from the Airline
 - Copy of passport / itinerary
- For **Flight Delay**, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Travel Delay / Misconnection / Flight Overbooking, Diversion, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Flight itinerary & boarding pass
 - Letter from Airline/Carrier stating reason and duration of delay
 - Copy of passport / itinerary
- For **Loss or Damage of Personal Baggage**, please complete **Policy Holder Information, Claimant Information, Preferred Mailing Address, Flight Details, Baggage Damage / Loss of Personal Effects, Travel Documents and Money, Details of Your other insurance or compensation claims, Acknowledgement and Declaration** and provide all required supporting documents:
 - Certified true copy of Baggage / Property Irregularity Report / Police / Hotel Management Report*
 - Original proof of purchase & original warranty cards/repair bills & photographs. If no original purchase receipts available for lost items, please provide estimated purchase price & year of purchase
 - Letter of compensation from Airlines / Hotel Management
 - Copy of passport / itinerary

*If the police report is not in English, please provide a report in English to describe the incident