



# Accident or Critical Illness Insurance

## What you need to file an Accident & Critical Illness Claim:

- **Policy number, unless claiming with coverage through your credit card**
- **If claiming with coverage through your credit card, please provide the first six and last four digits in the card number and your bank statement showing that you have paid for 50% of the transportation expenses with this card.**
- **Bank details in case of payment**
- **Information and documentation supporting the loss that has been suffered, including but not limited to:**
  - **Medical records, discharge summary, dental declaration, or emergency room reports**
  - **Receipts for medical expenses due to an accident**

If you have any questions, regarding the above please contact us by email at [NorwayClaims@aig.com](mailto:NorwayClaims@aig.com) or by phone at 22 00 20 80.

Please send claim form and documentation to:

[NorwayClaims@aig.com](mailto:NorwayClaims@aig.com)

or:

AIG Europe S.A.  
Postboks 1588,  
Vika 0118 Oslo



# Claim Form – Accident or Critical Illness Insurance

USE BLOCK LETTERS OR FILL OUT ONLINE. RELEVANT SECTIONS MUST BE FILLED OUT.

## Type of claim

Personal Accident     Critical Illness     Accidental Death

Please fill in the section of the form that pertains to your claim.

## How did you get your insurance

Purchased Myself     Through my Employer     Union/Association     Credit Card

## Insured and Policy number

Name of insured

Policy number

### If your insurance is through an employer

Name of Employer

Name of employee

### If your insurance is through a Union or Association

Name of Union/Association

Membership number

### If your insurance is through your credit card:

Name of cardholder

Name of Bank

Credit Card number (first 6 and last 4 digits)

						X	X	X	X	X	X				
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## Other coverage

Do you have another insurance that may also cover your claim? For example through your place of work, a union or through your spouse's travel insurance or through another credit card. You may be eligible for additional compensation. (E.g. policy excess, costs that exceed your insurance limit with AIG Europé S.A.).

Yes  No

Company's name:

Policy/customer number:

Did you pay for your trip on a credit card that includes travel insurance provided by another insurer (not AIG)

Yes  No

Name of cardholder

Name of Bank

If yes, please provide your credit card number (first 6 and last 4 digits) and the insurance company's name.

							X	X	X	X	X	X							
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Have you submitted your claim to this company?

Yes  No

Please note that in accordance with Insurance Law § 8-1, paragraph 1, you are required to provide this information

## Claimant details

Claimant's full name

Date of birth / Norwegian social security number:

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Relation to policyholder

Name of Guardian (if claimant is under 18)

Address

City and postal code

Phone number

E-mail address

Can we contact you by e-mail?  Yes  No

## Critical illness

When did symptoms first occur?

When did you first seek medical treatment?

Diagnosis

Date of Diagnosis

Have you ever received a similar diagnosis before?  Yes  No

Do you have anything else to tell us?

## Accident related claim only

When and where did accident happen? (Date/time/country)

Did the accident happen during leisure or business time?

How did the accident happen?

When and where did you first seek medical treatment? (Date/Name of Doctor or Medical Facility)

## Diagnosis

Will you continue to receive treatment?  Yes  No

Were you hospitalized due to the accident?  Yes  No

### Hospitalization period

Admission date (DD/MM/YYYY)

Discharge date (DD/MM/YYYY)

Have you had any accident claims in the last 3 years?  Yes  No

Do you have anything else to tell us?

## Accidental Death Section related claim only

How did the accident happen?

Date of passing

Country of passing

Name of hospitable/medical facility

Do you have anything else to tell us?

## Claim details

Please list the expenses that have been incurred. Use a separate sheet if necessary		
What are you claiming	Currency	Amount

## Bank details

Where should we send the claim payment?

Bank Name

Bank Country

Account Number

BIC/SWIFT (Only applicable for accounts outside of Norway)

IBAN (Only applicable for accounts outside of Norway)

Payee address

## Terms and Conditions

I hereby provide consent for AIG Europe SA, acting as data controller, and/or any other key data controllers, its/their affiliates, reinsurers, fraud prevention agencies, and third party service providers for the purpose of insurance administration to utilize special categories of information (as defined under applicable data protection laws), including the information about my health and that of other individuals (including minors) mentioned in this Claim Form. This consent is granted for the explicit purpose of insurance administration.

The term "Insurance administration" encompasses activities such as arranging, underwriting, and administering insurance and reinsurance policies, providing ancillary services and administering claims under those policies, as well as exercising rights, or complying with obligations, in connection with those policies. Additionally, it covers the exercise of rights and fulfilment of obligations associated with said policies, including compliance with applicable laws.

Before disclosing any Personal Information about another adult, it is imperative that you (a) inform the concerned individual about the content of this notice and our Privacy Policy; and (b) obtain their permission (whenever possible) to share their Personal Information with us in accordance with the Privacy Policy.

You maintain the right to withdraw your consent at any given time. If you wish to do so, please contact AIG at [Norway.claims@aig.com](mailto:Norway.claims@aig.com). However, it is important to note that withholding or withdrawing this consent may result in our inability to provide our services to you or assess your claim.

For further information about how AIG uses Personal Information, please refer to our privacy policy at <https://www.aig.no/sample-sikkerhet-og-personvern>

## Declaration

I hereby declare that all information provided herein is correct and true. I also authorize the insurance company to obtain necessary information with respect to the above mentioned claim. If we require a signed declaration or statement in respect to the claim, we will contact you later.

Signature

Date

You can submit your claim online: The claim form will automatically be attached to an email when you click on the button to the right; «Send Form.» Please attach your documents together with the completed claim form.

An opportunity to do this will appear after you click on "Send Form". You can also save the form and send it, and your documents as email attachments to [Norway.claims@aig.com](mailto:Norway.claims@aig.com).

Send Form