

Name of insured/policy holder  Policy Number

Address:

Contact Person

Contact Telephone Number

Contact Email Address

ABN

What percentage of the GST has been claimed on the premium?  %

As a subsidiary of a US company we are required to comply with the US Government's Medicare Secondary Payer Mandatory Insurer Reporting:

Are you a US Citizen?  Yes  No

If Yes, then please supply your Social Security Number

Claimant's Name

Claimant's Address

Claimant's Telephone Number  Claimant's Date of Birth (where applicable)

When did the loss/accident occur?

Where did the loss/accident occur?

When was the loss/accident first reported to you?

Please provide us with a brief description of the loss or accident.


Please provide a brief description of injuries (where applicable).


Please provide a brief description of property damaged, including approximate value (where applicable).


Please provide details of any witnesses.


Have any claims been made? If yes, please provide details.


**Please forward all claims and other relevant correspondence to:**

The Casualty Claims Manager  
AIG Australia Limited  
GPO Box 4363  
Melbourne Victoria 3001  
Fax (03) 9522 4974

**PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD**



Bring on tomorrow

**Head Office**

**Sydney** Level 19, 2 Park Street Sydney NSW 2000 Australia  
GPO Box 9933 Sydney NSW 2001 Australia  
**Melbourne** GPO Box 9933 Melbourne VIC 3001 Australia  
**Brisbane** GPO Box 9933 Brisbane QLD 4001 Australia  
**Perth** GPO Box 9933 Perth WA 6848 Australia

**Australia wide**

T 1300 030 886  
F 1300 634 940  
**International**  
T +61 3 9522 4000  
F +61 3 9522 4645

[www.aig.com.au](http://www.aig.com.au)