



CLAIM NOTIFICATION FORM

Complete and submit your personalised claim form and supporting documents to SAClaimsAdmin@aig.com and we will get started with your claim.

Please complete the relevant sections. If any are not applicable, please add N/A.
 The issue of this form does not constitute an admission of liability under the policy.

Policy and Insured Information

Insured Name:		AIG policy number:	
Contact number:		Identification number:	
Email address:		Occupation:	
Address:			
		Postal Code	

Details of the deceased

Deceased name:		Deceased surname:	
Identification number:		Occupation:	
Residential address:			
		Postal Code	
Postal address:			
		Postal Code	
Work Address:			
		Postal Code	

Details of death

Date of death:		Name of hospital and place of death:	
Identification number:		Occupation:	
Address:			
		Postal Code	
Name of hospital and place of death:			
Exact cause of death (Please provide full details - "Natural causes" not acceptable):			
In the event of unnatural death:			
Police station where death was reported:		Case number:	
Investigating officer's details:			
Name:		Surname:	
Contact number:			



Details of claimant

Claimant Name:				Date of birth:		
Contact number:			Identification number:			
Permanent identity/passport number:			Permanent RSA-ID:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Residential Address:						
				Postal Code		
Postal Address:						
				Postal Code		
Name of employer:				Contact number:		
Work Address:						
				Postal Code		
Relationship between claimant and deceased (Example: the deceased was my father or nephew):						

Details of claimant

The government implemented the Financial Intelligence Centre Act (FICA). Section 21 of the Act stipulates that AIG Life SA must fully identify a third party before entering into any transaction with such an entity. As a result, we decided that our company will not allow third party payments.	
Name of financial institution:	
Branch:	
Type of account:	
Account number:	
Bank branch code:	
Name of account holder:	
Please provide us with a copy of your original, complete bank statement or a cancelled cheque as confirmation of your bank details.	

We will require the below documents as part of your claim submission,

- Certified Copy of Death Certificate
- Certified Copy of Deceased ID

Based on the merits of your claim we may also require the following information,

- Police Report
- Witness Statements / News-Paper Clipping
- Letter of Authority / Executorship
- Post Mortem Report
- Blood Alcohol Results (If Applicable)

**Declaration:**

I/We solemnly declare that I/we have suffered loss or damage to the property as noted on this form and that is said property was in my/our possession immediately prior to the loss/damage which occurred as per the circumstances described in this form. ☐

Privacy policy:

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependent's). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes including across border transfer. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website, <https://www.aig.co.za/privacy-policy>. This Privacy Policy describes how we handle Personal Information that we collect both through this website (the "Site") and through other means (for example, from your application and claim forms, telephone calls, e-mails and other communications with us, as well as from claim investigators, medical professionals, witnesses or other third parties involved in our business dealings with you). ☐

Signature:**Date:**