

Direct Car Excess Insurance



Claim Form for Personal Accident cover under
Europe Excess, Worldwide Excess and Collision
Damage Waiver Insurance

Claim Reference Number

Certificate/Policy Number

The issuing of this form by the company is not intended to imply that any liability automatically exists or that there is cover in force

If you require further space to answer any of the questions below, please attach a separate sheet of paper.

This form has been designed to help you provide all of the information we need to process your claim quickly. Failure to complete this form correctly may delay your claim. We recommend you have your policy to hand for reference.

Please ensure that all parts (1-12) are completed by either yourself or your treating doctor

1. Full details of policy holder

Title	Full name	Date of birth
Address		
Email address	Telephone number	

2. Car Rental Details

Vehicle registration number	Make and model		
Period of rental	From:	To:	Location of rental
Rental company name	Telephone number (if known)		

3. Particulars of the claimant

Title	Full name	Date of birth
Address		
Postcode	Telephone no.	

4. Particulars of the accident

Was the hire vehicle being used in accordance with the rental agreement?		Yes/no
Incident date	Incident time (please be precise)	
Where did it happen? (city/state)		
Please describe exactly where and how the accident occurred:		
Please describe injuries sustained in full:		
For what period were you confined to hospital:	From	To:
Was this hospitalisation due solely to the accident?	Yes/no	
If no, please advise of details:		
Have you engaged in any work since the accident?		Yes/no
If yes, please confirm the following:		
Nature of work	Date work commenced	Is this work full time/part time
If no, please confirm how long you have been totally disabled and unable to perform any part of your work?		
Are you medically signed off from work? (Please attach all medical certificates)	Yes/No	If signed off date expected to return to work:

Please provide details of **all** doctors consulted regarding this accident: (please attach all hospital reports available)
Please ensure your usual medical practitioner is detailed

Full name		Full name	
Address		Address	
Postcode		Telephone no.	
Postcode		Telephone no.	

6. Details of any Police involvement – please supply copy of Police Report if applicable

Were the police/highway patrol involved?		Yes/no	
If yes, please supply name of officer		Reference number	
Police department/location			
Contact details including phone number			

7. Particulars of witnesses or others present at time of incident

Title	Full name		
Address			
			Postcode
Title	Full name		
Address			
			Postcode

8. Additional Information

Are there any other insurances in force that may cover this incident? (Please provide full details including policy number)			

9. Claim Settlement details

If a claim is payable, would you prefer payment by cheque or bank transfer? (please delete)		Cheque/bank transfer	
If you require payment by bank transfer, please supply the following information:			
Name of bank			
Full bank address			
Account number		Sort code	

I declare that the statements I have submitted on the form are true and complete to the best of my knowledge and belief. I understand that the issue of this form is not to be taken as an admission by the company of any liability to the Insured or to any other person.

Signed	Date
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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

To opt -out of marketing communications contact us by e-mail at: opt-out@aig.com or by writing to: Marketing Preference Team, Questor Insurance Services Limited, Third Floor Riverside House, 40-46 High Street, Maidstone, Kent, United Kingdom, ME14 1JH. If you opt-out we may still send you other important communications, e.g. communications relating to administration of your insurance policy or claim.

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 insurance 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. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

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.

DOCUMENTS THAT MUST BE INCLUDED ARE DETAILED BELOW

FAILURE TO PROVIDE FULL DOCUMENTATION MAY JEOPARDISE YOUR CLAIM.

1. Certificate of insurance
2. Rental contract
3. Charge receipt for rental (if separate from the rental agreement)
4. If the incident by law requires the attendance of the police, we require a copy of the police report
5. Rental company accident damage report if applicable
6. Copy of the driving license of the person involved in the accident (the driver)
7. Copy of your credit card statement showing payment of the damages claimed
8. Any discharge certificates or doctors reports relating to this claim
9. Any further documentation that is available which is relevant to your claim

After fully completing, signing and dating this claim form, and arranging for the doctor's section to be completed, please forward, together with all of the documents mentioned above, to:

American International Group UK Limited, 2-8 Altyre Road, Croydon. CR9 2LG
email: excessclaims@aig.com
Fax: +44(0) 20 8662 8197 Tel: 0845 071 6272 or +44(0) 20 8662 8179

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ACCESS TO MEDICAL RECORDS

Access to Medical Reports Act (1988), Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, Access to Health Records and Reports Act 1993 (Isle of Man) ("Acts")

To enable AIG Europe Limited or their agents (the Company) to assess your claim, it may be necessary to obtain medical evidence. Any medical reports which are requested from your Doctor (your GP, medical specialists) are subject to the Acts. (Please note that medical reports requested from Doctors appointed by the Company are not subject to the Acts).

In summary your statutory rights under the Acts are as follows:

1. A medical report cannot be requested from any Doctor, who has attended you, without your written authority (consent).
2. You may withhold your consent. However, without your consent we may be unable to proceed with your claim.
3. If you do consent you can indicate whether you wish to see the report before it is supplied to us.
 - a) If you wish to see the report, we will notify your Doctor accordingly. We will advise you that we have done so (notification).
 - b) You will then have 21 days from the date of the notification to contact the Doctor, in writing, to make arrangements to see the report.
 - c) The Doctor will allow 21 days for you to see the report before it is supplied to us.
 - d) If the Doctor has not heard from you within 21 days of the notification he/she will assume you do not wish to see the report and that you consent to it being supplied.
4. If you do not indicate that you wish to see the report, we do not have to notify you if we apply for such report.
5. When you see the report, if there is anything in it that you consider incorrect or misleading you can request, in writing, that the Doctor amends the report, but the Doctor is not obliged to do so. If the Doctor refuses to amend the report you may: (a) withdraw consent for the report to be issued, (b) ask the Doctor to attach to the report a statement setting out your own views, (c) agree to the report being issued unchanged.
6. Whether or not you wish to see the report before it is sent to us, you may ask your Doctor to show you a copy of the report. Please note that the Doctor is obliged to retain the report for at least 6 months after it was supplied. The Doctor may charge a reasonable fee for the cost of supplying the report but not exceeding £50.
7. The Doctor is not obliged to show you any parts of the report that he/she believes might cause serious harm to your physical or mental health or that of others, or it would indicate the Doctor's intentions towards you. If this is the case, the Doctor will tell you if your access to the report is limited

I have read my statutory rights under the Acts as outlined above and **by signing this form** I consent to the Company seeking medical information, including copies of my medical records, from any Doctor who at any time has attended me, concerning anything which affects my physical or mental health relating to the condition (s) that gives rise to my claim.

I also authorise any physician or other person to furnish AIG Europe Limited or their agents with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records relating to the condition (s) that gives rise to my claim.

Do you wish to see the report before it is sent to the Company?

Yes

No

Signed

Date

11. Doctors Statement – To be completed by treating doctor

Any fee payable for completion of this section is the responsibility of the claimant and NOT the company

Name of patient	Date of accident
Accident details	
Injuries sustained (If this involves an eye or a limb, state left or right)	
Was the claimant hospitalised?	Yes/No
If yes, please give dates: From To	
During hospitalisation was the claimant in a coma?	Yes/No
If yes, please give dates: From To	
Has the above injury resulted in any of the following (if yes, please give details)	
Permanent total disability	Yes/No
Details of disability	
Quadriplegia	Yes/No
Details	
Paraplegia/Hemiplegia	Yes/No
Details	
Is the claimant suffering from any other medical condition or disability which is affecting their recovery	Yes/No
In your opinion is the claimant's condition caused solely as a result of the accident	Yes/No
Was the claimant under the influence of drink or drugs at the time of the accident?	Yes/No
If applicable, in your opinion is the claimant's disability a permanent condition?	Yes/No
If the answer to any of the above questions is yes, please give full details, including treatment, medication, consultant referrals, consultant name(s) including titles, addresses etc	
Has the claimant engaged in any work since the accident?	Yes/No
If yes, please confirm the following:	
Nature of work	Date work commenced
Is this work full time/part time	
If no, please confirm how long they have been totally disabled and unable to perform any part of their work?	
Is the claimant medically signed off from work?	Yes/No
If signed off date expected to return to work:	

12. Doctor's Declaration

I certify that the above information that I have provided is true and complete

Practice stamp/address details	Signature of doctor
	Date
Details of qualification of doctor (GMC number/relevant registration number)	