



What are the things that must be done in case of Travel claim?

Dear Insureds,

Followings will facilitate to follow your claims. Please read carefully.

- Please give information us about the event which causes the claim for indemnification by calling (0212) 310 49 94.
- The file reference number will be used in all communications and interviews therefore please request your file reference number from the person whom you called.
- In order to use the emergency medical evacuation service, please call (0212) 310 49 94 AIG Sigorta A.Ş. and procure authorization after providing your policy number.
- Please deliver the requested original documents and filled claim form about the claims from you as soon as possible.
- In order to obtain the information about your file, you may call (0212) 310 49 94.
- For the purpose of payment of your indemnification, please indicate your Bank Name, IBAN and Branch Code (SWIFT/BIC) on the relevant sections of the claim form and sign it after you complete the relevant sections. (For the payments, exceeding 5.000 TL, please indicate your Bank Name, IBAN and Branch Code (SWIFT/BIC) on the relevant sections of the receipt of indemnity-discharge slip to be issued by the insurer and sign it after you complete the relevant sections.)
- Indicate the file reference number and the name of the person who will receive the document which you will send via fax and transmit it to the fax, no. (0212) 236 49 50 and receive the fax message confirmation.
- In case where the indemnification would be paid to the person other than the insurer, the power of attorney, which explains that he/she, is authorized to collect and pay and peace and acquaintance from the notary public. Otherwise, it will not possible that the indemnification will be paid to the some one else.
- In case where the indemnification will be paid to a company, the receipt of indemnity-discharge slip and acquaintance should be signed by the persons who are authorized to act and represent the company under the company's seal and the signature circular of the company must be attached to them.
- Your indemnification will be paid to you under the General and Special Conditions of your policy as soon as possible, after all your documents are attached to the file.
- Your coverage limited with as written on your policy.
- We will send informative messages/ letters to your mobile phone/e-mail address/mail address about your claim file. If require us not to send you that kind of informative messages/letters, appreciate you to send an email to iletisim@AIG.com
- Under the Law No 5549 Prevention of Laundering Proceeds of Crime and Published Official Gazette No.26751The Regulation on Measures Regarding Prevention of Laundering Proceeds of Crime and Financing of Terrorism; In order to fulfill regulatory requirements, we require the necessary information and documents from the beneficiary of the indemnity settlement verifying the address/ Customer identification / transaction type. The required form will be sent upon finalization of the claim file.
- Please send requested documents to our office which is nearest to you.

Best Regards,
AIG SİGORTA A.Ş
CLAIM SERVICE

Head Office

Emirhan Cad. No:109
Atakule A Blok K:13
Dikilitaş Beşiktaş-İst.
Tel: 0212 236 49 49
Fax: 0212 236 49 50
iletisim@AIG.com

Adana District Office

Atatürk Cad.Gülbahçesi Sit.
A Blok K:2 No:79
Seyhan Adana
Tel: 0322 459 41 15-20
Fax: 0322 459 42 28
adana-bolge@AIG.com

Ankara District Office

Cinnah Cad. Göreme Sok.
Nazmi Bey. İş. Mrk. No:1 K:3
D:5B Kavaklıdere Ankara
Tel:0312 466 67 00
Fax:0312 466 67 07
adana-bolge@AIG.com

Bursa District Office

Atatürk Cad. No:4 D:204
Eser Emre İş Mrk. K:2
Setbaşı Bursa
Tel:0224 224 33 95
Fax:0224 224 16 64
bursa-bolge@AIG.com

İzmir District Office

Halit Ziya Bulvarı
Kayhan İş Mrk. No:42
K:6 D:601 Alsancak İzmir
Tel:0232 425 66 61
Fax:0232 425 65 99
izmir-bolge@AIG.com

Samsun District Office

Pazar Mah. Çiftelhamam Cd.
No:1 K:4 D:13/14
Samsun
Tel:0362 435 38 38
Fax:0362 435 55 58
samsun-bolge@AIG.com

Customer Contact Service : Tel: 444 1 244 Fax: 0212 327 77 46



What are the things that must be done in case of travel claims?

Requested Documents for Checked Baggage' Loss/Delay and Personal Effects Loss Claims

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. In the lost/delay related to the baggage, official letter which indicates that the air lines carrier accepts the event
5. Detailed request letter from the insured about the stuffs in the baggage and their amount
6. Copies of the purchasing invoices, if any, for the stuffs in the baggage
7. For baggage delay related indemnity demands; please send your necessary / urgent emergency receipted purchase of replacement items
8. Document, indicates if the air lines carrier makes the payment to the customer due to the lost baggage
9. Letter, indicates that the baggage is not found after search time
10. Copy of completed claim form

Requested documents for Trip Cancellation/Delay/Interruption and Missed Departure Claims

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Documents indicate that obtain visa for planned trip
5. Travel contract
6. Detailed account, documenting the payments to the travel firm and original invoices
7. Cancellation invoice/repayment receipt from Travel Agency
8. In case where the travel is interrupted/canceled, doctor / death report of the insured /official spouse /mother/ father/sister/ brother /child
9. In the event of catastrophe, official letter about incident from the national authority where catastrophe occurred
10. Copy of completed claim form

Requested documents for Medical Reimbursement Claims

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Doctor/ epicrisis report from the relevant doctor or health institution related to the diagnosis and treatment, test results and prescriptions
5. Original invoices on treatment from the concerned health institution
6. Copy of completed claim form

Requested documents for Accidental Permanent Disability Claims

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture.
4. Doctor/ epicrisis report from the relevant doctor or health institution related to the diagnosis and treatment, test results and prescriptions
5. Accident reports
6. Public Prosecutor reports
7. Final health commission report from the full equipped hospital, indicating the percentage of disability level
8. Copy of completed claim form

Requested documents for Accidental Death Claims

1. Copy of ticket
2. Copy of ID card for legal inheritors and insured
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. Inheritance letter
5. Register of family
6. Autopsy report
7. Certificate of death /License for burying / Permission letter to bury the death
8. Accident reports
9. Public Prosecutor reports
10. Copy of completed claim form

Requested documents for Repatriation Claims

1. Copy of ticket
2. Copy of ID card
3. Copies of the pages of passport, where the entrance - departure stamps exist and which page contain general ID information and picture
4. ID card copy of the person who pay the funeral charges and signed bank details
5. Death report
6. License for burying /Permission letter to bury the death
7. Permission form to transport the funeral to the country
8. Original invoice of the funeral costs (coffin, transport etc.)
9. Copy of completed claim form



IMPORTANT NOTICE:

1- Above documents are standard and extra documents may be requested depending on the extent and type of claim/injury. Notification of the claim is not to be deemed as approval of the claim. Requested necessary documents for the evaluation of the claim(s) are not a confirmation of the claim's payment approval. Insured should submit requested documents as soon as possible, the insurer will only be able to evaluate the claim as per General and Special Condition of the policy upon receipt of the requested documents.

2- Turkish Commercial Code Article 1446

- (1) The policy holder shall notify the insurer without delay when s/he becomes aware of the realization of the risk.
- (2) If the failure to make or the delay in making the notification regarding the realization of the risk has caused an increase in the compensation amount or the sum insured to be paid, a reduction shall be made in such compensation amount or sum insured depending on the severity of the fault.
- (3) If the insurer has actually become aware of the realization of the risk previously, it may not benefit from the provision of the second paragraph.



TRAVEL INSURANCE CLAIM FORM

PNR/Certificate/Policy No: Period from: To:
Date of Departure:/...../..... Flight No: From: To:
Date of Arrival:/...../..... Flight No: From: To:
Name, Surname: ID No: Passport No:
Residence Address in Turkey:
..... E-mail:
Date of Birth:/...../..... Phone No:Work/Home:..... Mobile Phone No:
Please state the name and telephone number of the person whom we can contact in case that we fail to reach you:
.....

Once your claim has been approved, please fill in your bank account details in the below section for the indemnity payment	
Account Owner:	Bank name: Branch Name/Code:
IBAN:	
Account Currency: TRY <input type="checkbox"/> EURO <input type="checkbox"/> USD <input type="checkbox"/>	SWIFT/BIC:

LOSS/DELAY OF CHECKED BAGGAGE AND PERSONEL EFFECTS LOSS

Please describe when & where the loss/delay took place:
.....
Please state amount of loss: Please state name of the common carrier:
Scheduled date/time/city of arrival::.....
Actual date/time/place baggage delivered::.....
Please state compensation received from Airline/Travel Firm:

TRIP CANCELLATION/DELAY/INTERRUPTION AND MISSED DEPARTURE

Please describe how, where & when the loss/delay took place:
.....
Do you get visa? : Yes ☐ No ☐ If yes, please provide the valid date of visa :/...../..... ----/...../.....
Please state amount of trip which paid to Airline / Travel Firm:
Please state compensation received from Airline/Travel firm:

MEDICAL REIMBURSEMENT/ ACCIDENTAL PERMANENT DISABILITY

In event accident, please state how, when, where the accident took place:
.....
In event of illness, please state when, where symptoms first occurred and which diagnosis treated:
.....
Have you ever been treated for this illness before? Yes ☐ No ☐ If yes, provide name and contact information of doctor:
.....
Please provide name of any prescription medicine you are taking before travel, regularly:
.....
If you have any other health/travel insurance, please provide insurance company' names:
Please state total medical expenses amount/paid or not paid, if paid by whom:
.....

ACCIDENTAL DEATH / REPATRIATION

Please state how, when, where the incident took place:
.....
Please state who paid repatriation expenses and provide amount:

LEGAL FEES/ BAIL BOND / ROBBERY

Please describe incident:
Please state name of the eye witnesses and their contact information:
Lawsuit filed? Yes ☐ No ☐ If you contacted an attorney, please provide name, full address, phone numbers of attorney:

- I do declare and certify by my signature that the above information is true and correct. I further declare and agree that payment of indemnification will be made based on the information I provided on this form. If above information be proved false or anything contrary is found , I understand and accept irrevocably that AIG Sigorta is at liberty to exercise of all legal rights. I also agree to submit/ provide all claim related documents to the insurance company.
- I hereby, automatically authorize through the policy, this declaration and the pre-authorization, that all claim related documents, to furnish the insurance company, or its authorized representative, any and all information pertinent to this claim, a copy of this authorization shall be deemed as effective and as valid as the original.

Name, Surname:

Signature

Date:/...../.....