



**(D) FLIGHT DELAY** (Please attach letter from Airlines/Carrier and Boarding Pass)

Original Flight Details	Delayed Flight Details
Date:	Date:
Time:	Time:
Place of Departure:	Place of Departure:
Flight No.:	Flight No.:
Name of Airline:	Name of Airline:

**(E) BAGGAGE DELAY** (Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airlines)

Flight Details	Collection of Delay Baggage
Arrival Date:	Date:
Arrival Time:	Time:
Place of Departure:	Place:
Flight No.:	
Name of Airline:	

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Signed here \_\_\_\_\_  
 (Claimant)

**Please direct the claim form and all correspondence to:**

AIG Travel Claims Unit  
 C/O Crawford & Co. Int'l Pte Ltd  
 30 Robinson Road  
 #02-01 Robinson Towers  
 Singapore 048546

Tel: 6419-1892  
 Fax: 6835-7458