



Policy No.:

(Existing clients only)

SECTION A : PERSONAL DETAILS

Full Name: PIN No.:
(As it appears on identification document provided) (Attach copy)

Date of Birth: Business/Occupation:
(Please provide a brief description of your occupation, business or principal activity)

Identification Document & No.: National/Alien ID: ☐ No. Passport: ☐ No.
(Please select one & attach copy)

Driving license: No. Other:

Nationality: Current Residential Address:

Tel No. Tel No. Email:

Mailing Address: P.O. Box: Town: Post Code: Country:
(Main line) (Alternative line)

Are you or any member of your household a government official? Yes ☐ No ☐
(If yes, provide details of entity & designation)

Government official means an officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of any government, its departments, agencies, or instrumentalities, including government-or state-owned or controlled entities (e.g., national oil company, state-run utility, public hospital)

NEXT OF KIN

Please provide details of your next of kin.

Name <small>(As it appears on identification document)</small>	ID/Passport No.	Relation	Telephone number	Current Address
Please provide details of your beneficiaries.				

PAYMENT DETAILS

For prompt payment of claims and premium refunds, please provide your banking details

Account Name: Bank Name:

Branch Name: Branch Code:

Account Number:

SECTION B : TECHNICAL DETAILS

Year of Manufacture: Make of the Vehicle:

Period of Cover: From: to

Estimated Value: Use of Vehicle:

(Note: Valuation of the vehicle is mandatory)

Type of Cover: Comprehensive ☐ Third Party Only (TPO) ☐

Additional Benefits/Riders: Terrorism ☐ Rescue ☐ Excess Protector ☐ Windscreen ☐ Loss of use ☐ Radio Cassette ☐

Vehicle Registration:

Regulated by the Insurance Regulatory Authority

PRIVACY STATEMENT & DECLARATION

By completing this form, you will have provided AIG with your Personal Information. Personal Information is information that identifies and relates to you or other individuals (such as your dependants). AIG will only use your personal information for lawful business purposes including cross border transfers and is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you now and in the course of our business. You have the right to access and correct personal data that may be incorrect or incomplete.

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

For more information on how we handle personal information, please obtain a copy of our Privacy Policy from our offices or visit www.aig.com/ke

Please tick to confirm: ☐ I authorise AIG to collect, keep and use my personal information for lawful business purposes
☐ I declare that the statements and particulars on this form are true and accurate.

Name:

Signature: Date: