

AIG EUROPE LIMITED (FINLAND BRANCH)
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Notification of insurance loss associated with Credit Card purchase

Instructions for claimants

Please fill in all sections of the form carefully.

To speed up settlement, please enclose the following documents: 1. Purchase voucher. 2. Credit Card statement or other purchase document confirming the means of payment of the Insured object. 3. Estimation of repairing expenses.

The claim form and attachments should be sent to:
AIG Europe Limited
Post Office Box 7024
14002 Tallinn, Estonia

Information on your insurance policy

I apply for compensation from LHV PurchaseProtection Insurance. I apply for purchase made with my:

☐ LHV PLATINUM CARD
(POLICY NUMBER 119-7186)

☐ LHV GOLD CARD
(POLICY NUMBER 119-7581)

☐ LHV PRIVATE BANKING CARD
(POLICY NUMBER 119-7186)

Claimant's personal data

NAME	PERSONAL IDENTITY NUMBER
STREET ADDRESS	
POSTAL CODE	CITY
E-MAIL	PHONE
ACCOUNT NUMBER	THE OWNER OF THE ACCOUNT, IF NOT THE CLAIMANT

By filling in your e-mail address above, you consent to AIG contacting you via e-mail during the handling of your claim.

Information on purchased product

THE DATE OF THE PURCHASE	THE PURCHASED PRODUCT (BRAND, NAME OF THE MODEL- AND/OR NUMBER)
THE PRICE OF THE PURCHASE	THE SELLER OF THE PURCHASE (THE NAME OF THE STORE AND ADDRESS)

Information on loss event

DATE OF LOSS	ESTIMATION OF REPAIRING EXPENSES
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Please attach the purchase receipt, and the receipt of reparation expenses or the authorized repair shops estimation of reparation expenses to the claim form.

Detailed description of the loss event

☐

 CONTINUES ON A SEPARATE ATTACHMENT

Are you insured in another insurance company against this type of loss?

CLAIM AMOUNT	€	<input type="checkbox"/> NO	<input type="checkbox"/> YES, COMPANY:
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Signature

By providing your Personal Information to AIG in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at www.aig.com/fiprivacy-policy or upon request. In particular you consent to the transfer of your Personal Information internationally. To the extent that you have provided (or will provide) Personal Information to AIG about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to AIG as detailed in the Privacy Policy.

I declare that the information given in this notification is true and correct. For the purpose of this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishments or persons processing information about me and my state of health.

PLACE AND DATE / CLAIMANT'S SIGNATURE