



# WHAT TO DO IN EVENT OF CLAIM?

TRANQUILOC CONTRAT N° 4.091.405 - OPTIONS 1 & 2

In case of a loss, and regardless of the coverage, you must notify AIG within 5 working days (and the reservation centre/tourism office immediately in case of cancellation):

### AIG - SERVICE INDEMNISATION - 2AU

Tour CB21 - 16 place de l'Iris 92040 Paris la Défense Cedex FRANCE

E-mail: sinistres.fr@aig.com

# **IN ALL CASES**

PLEASE SEND THE FOLLOWING DOCUMENTS:

- Your contract number and policy number
- The original supporting documents (For instance: Invoice of stay, cancellation fees invoice, medical documents)

#### **BE CAREFUL!**

For failure to comply with the loss declaration deadline the insured shall lose the benefit of the coverage in the policy for the loss in question.







**DECLARATON OF CLAIM** 

To send back to:

| AIG - SERVICE INDEMNISATION - 2AU |
|-----------------------------------|
| Tour CB21 - 16 place de l'Iris    |
| 92040 Paris la Défense Cedex      |
| FRANCE                            |
|                                   |

E-mail: sinistres.fr@aig.com

#### POLICY NUMBER: 4.091.405

#### **INFORMATION ABOUT CLAIM**

| Nature of a loss:                                   |
|---|
| Stay cancellation because of illness Accident Other |
| Holiday civil liability                             |
| Accidental property damage                          |
| Stay interruption                                   |
| Search and recue expenses                           |
| Date of loss:///                                    |
|   |
| Arrival date:///                                    |
| Destination:  |
| Rental/travel cost:                                 |

#### Summary of facts

| <br> |  |  |  |  |  | <br> | <br> | <br> |  |  | <br> |  |  |  |  |  |  |  |  | <br> |  |  |  |  |  |  |  |  |  |  |  | <br> |
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## **INFORMATION ABOUT INSURED**

| Name of the insured:        |  |
|-----------------------------|--|
| Surname of the insured:     |  |
| Adress (Country of origin): |  |
|                             |  |
|                             |  |
| Phone number:               |  |

The insured declare that the information provided above is accurate, according to the contractual terms and conditions contained in the notice information he read.

You will soon receive a file to be completed and returned by mail or e-mail to AIG together will all documents requested.

#### File to send back to (please tick):

Travel or Real estate agency (please indicate the Group name or the booking reference)

| Place and Date: | a Date: . |
|-----------------|-----------|
|-----------------|-----------|

...... The: ...... Signature: