



NOTIFICATION OF TRAVEL LOSS

To speed up settlement, please enclose the following documents: proof of trip, original receipts, physician's certificate, in the event of theft a police report of the crime or the organizer's confirmation of the event and any other statements by witnesses.

FILL IN ALL SECTIONS

Sampo Pankki -card in your possession (e.g. MasterCard Gold):			
Claimant's personal data	Name		Personal identity number
	Street address	Postal code	City
	E-mail: may you be contacted by e-mail?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Telephone number	Bank and account number	
Data on loss event	Travel destination and route		
	Trip started (dd.mm.yy.) - ended (dd.mm.yy.)		Time of loss (date and time)
	Loss:	Card misuse (<u>company applies</u>) <input type="checkbox"/>	
	Trip cancellation / interruption <input type="checkbox"/>	Medical expenses <input type="checkbox"/>	
	Delay: flight/luggage <input type="checkbox"/>	Permanent disability due to an accident <input type="checkbox"/>	
	Loss of luggage <input type="checkbox"/>	Accidental death <input type="checkbox"/>	
	Liability <input type="checkbox"/>	Other loss event <input type="checkbox"/>	
	Short description of the loss event		
<input type="checkbox"/> continues on a separate attachment			
Claim amount	Claim amount €		
Signature	I declare that the information given in this notification is true and correct. For the purpose of handling this claim, I authorize the company to acquire whatever clarifications it may deem necessary from doctors, the Social Insurance Institution and any other establishment or persons processing information about me and my state of health.		
	Place and date	Claimant's signature	
Insurance company	AIG Europe S.A. (Finland) Kasarmikatu 44 FIN-00130 HELSINKI Tel: +358 (0) 203 03456 (Mon-Fri 9-20, Sat 10-16) Fax: + 358 9 6860 3880		