

## ***How to Claim***

---

**In the event you need to report a claim, we ask that you please contact our office at the following numbers:**

**Local- (416) 596-4005  
Toll Free- 1-877-317-8060**

**The Accident and Health Claims Dept. is available from 8:00 am to 5:00 pm (Eastern Standard Time) Monday to Friday with service available in both english and french. Voicemail messages are returned within 1 business day.**

### ***Notice And Proof Of Claim***

The Policyholder, the Insured Person, the beneficiary or an agent/broker on behalf of the Policyholder, Insured Person or beneficiary is entitled to make a claim. Written notice of the claim should be sent to the Company by regular or registered mail, to the Head Office of the Company.

- (a) Notice of a Claim should be given not later than thirty (30) days from the date of the accident.
- (b) Proof of Claim (your claims forms and any supporting documents) should be filed within ninety (90) days from the date of the accident or the Injury or as soon as is reasonably possible in the circumstances of the happening of the accident or Injury.
- (c) And, if so required by the Company, furnish a certificate as to the cause and nature of the accident or Injury caused thereby, for which the claim is made and as to the duration of the Injury or Loss, from a legally qualified medical practitioner.

### ***Failure To Give Notice Or Proof***

Failure to give notice of claim or furnish proof of claim within the time prescribed above will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than one (1) year from the date of the accident or the Injury and if it is shown that it was not reasonably possible to give notice or furnish proof within the time as prescribed.

### ***Accidental Death & Dismemberment:***

Should an Insured Person sustain bodily injury or loss of life as the result of an accident occurring while he or she was engaged in a Covered Activity, an Accidental Death or Dismemberment claim form will need to be completed.

When you call to report an Accident or an Accidental Death, a claims examiner will complete an AD&D Initial Report Form, which includes the following questions;

- Name of deceased or injured party

## How to Claim—Continued—2

- Policy Number: SRG 9127218
- AD&D Benefit Amount
- \*Name and address of next of kin and their relationship to the deceased
- Insured's date of birth
- Date of accident and details of event
- Address where claim forms are to be sent

(\*in the case of death claims only)

With this information we can start to set up a claim file to expedite the claim's process, so that when the claim forms are received a file has already been set up. This information will also assist us in determining the appropriate claim forms that will need to be sent.

For your convenience, we can arrange to send claim forms by mail, fax or email.

In the case of an **Accidental Death claim**, documents would include;

- Claimant's Statement to be completed by the Named Beneficiary
- Administrator's Statement to be completed by the Policyholder
- Attending Physician's Statement or Coroner's Report
- Police report (if applicable) example: Motor vehicle accidents
- Death Certificate
- Proof as registered member

In the case of an **Accidental Dismemberment, Paralysis or Loss of Use claim**, documents would include;

- Claimant's Statement to be completed by injured party
- Attending Physician's Statement
- Administrator's Statement
- Proof as registered member

Please note that we require that the original claim documents be submitted to our office for review. We do not accept faxed or photocopied claim forms.

Upon receipt of the documents in our office, the assigned claims examiner will start their review of the claim and advise the insured/beneficiary accordingly. Please note that all correspondence will be sent directly to the insured or beneficiary.

### ***Accidental Paramedical Expense Reimbursement\*, or***

*(covers expenses incurred in Canada that are not covered under Federal/Provincial Health Plans)*

### ***Dental Expense Reimbursement\****

Should an Insured Person incur medical or dental expenses resulting from an accident occurring while participating in a Covered Activity, please have them complete the required claim form in full, attach the medical/dental receipts/invoices to the claim and forward both the original claim forms and invoices to our office for review.

*\*please refer to your policy contract for maximum benefit amounts that may apply.*

### ***Other Useful Contact information***

If you have any questions regarding your insurance policy, please feel free to contact any of the following persons at AIG Commercial Insurance Company of Canada:

### General Questions:

Dave Claughton, Sales Representative: (416) 596-4036 or e-mail [dave.claughton@aig.com](mailto:dave.claughton@aig.com)

### Claims Questions:

Ingrid Messam (416) 596-4005 (toll free 1-877-317-8060) or e-mail [ingrid.messam@aig.com](mailto:ingrid.messam@aig.com)

And cc to General Mailbox: [ahclaimscan@aig.com](mailto:ahclaimscan@aig.com)

## NOTES

[illegible]