

AIG  
Accident and Health Claims Department

PO Box 25987  
Shawnee Mission, KS 66225

800 551 0824 Telephone  
866 893 8574 Facsimile

AandH.ClaimsSubmissions@AIG.com



Date May 14, 2014

Dear Policyholder,

Attached is a copy of the Baggage / Personal Effects Loss claim form you requested. Please read the following information and instructions very carefully as all of the information is required for us to begin processing your claim.

- All sections of the claim form must be completed in detail paying special attention to the following:
  - Please ensure that you complete the sections on Extent or nature of loss, theft, damage and the Date and Time of the loss.
  - Please ensure that the claimant signs at the bottom of the claim form.
  - Please ensure that the document is notarized if the loss amount is greater than \$100.00
- Attach copies of credit card statement and/or receipts showing charges for the trip and all correspondence pertaining to and substantiating the loss.
- If loss occurred via common carrier (i.e., railroad, airline, bus, taxi, etc) you should have submitted the initial claim to them directly. You must submit a copy of the carrier's payment or denial letter to us with your claim.
- If loss could be covered by another insurance carrier, then you must submit the policy information to include:
  - Name of company
  - Policy number
  - Type of policy
  - Amount filed
- Attach a copy of the police report filed.

Once your claims package is received, it will take approximately 10-15 business days to review your claim. Please keep in mind that all decisions regarding claims will be made by the Claims Department and will be based on the documentation provided when the claim is filed.

If you have questions/comments, please contact our Customer Service Department at 1-800-551-0824.

Regards,

Customer Service Department  
AIG  
Accident and Health Claims Department

**AIG**  
**Accident and Health Claims Department**  
**P.O. Box 25987**  
**Shawnee Mission, KS. 66225**  
**800-551-0824 (Telephone)**  
**866-893-8574 (Facsimile)**

**PROOF OF LOSS**

<b>UNDERWRITTEN BY :</b>	NUFIC OF PITTSBURGH, PA
<b>NAME OF GROUP :</b>	NVIDIA CORPORATION
<b>POLICY NUMBER :</b>	GTP 6140823

**BAGGAGE LOSS, THEFT, PERSONAL EFFECTS OR DAMAGE CLAIM REPORT**

**INSTRUCTIONS:**

- 1.) All questions must be answered fully.
- 2.) This form must be notarized on all claims in excess of \$100.
- 3.) Attach copies of credit card statement (if applicable) and/or receipts showing charges made for trip and all correspondence pertaining to and substantiating loss.
- 4.) Attach all receipts and/or bills pertaining to loss.
- 5.) Direct all correspondence to the claim office shown above.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

Name:	Date of Birth:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:	
Telephone Number: ( )				

Date of Departure:	Date of Return:
--------------------	-----------------

Date and time of loss:

Describe extent or nature of loss, theft, damage:

State in detail where and how loss, theft, damage occurred:

If loss, theft or damage occurred while property was on or in the custody of a common carrier (i.e., railroad, airline, bus, taxi, etc.):

- a.) Give name of common carrier:
- b.) Was the carrier notified at the time of loss, theft, damage?
- c.) Was baggage checked at time of loss, theft, damage?
- d.) Has a formal claim been made against the carrier?

***(If not, this must be done immediately. A copy of carrier's payment or denial must be provided.)***

Is there another insurance company that would cover the loss, theft or damage to this property?

If yes, give name of company, policy number, type of policy and amount:

Were police or authorities notified? If yes, state who was notified:

***(Attach a copy of the police report or report from other authority.)***

**PLEASE USE THE NEXT PAGE OF THIS FORM TO LIST THE ITEMS LOST, STOLEN OR DAMAGED.**

