



WHAT TO DO IN THE EVENT OF A CLAIM?

CAP AU PAIR
POLICE N°4.091.300

DO YOU NEED ANY ASSISTANCE?

HOSPITALIZATION, EARLY RETURN, REPATRIATION, ASSISTANCE

Please contact the assistance center prior to any intervention:

Indicate:

- Policy number 4.091.300
- Identification number of the Insured's cover on the membership form
- The kind of assistance you need
- Your surname and name
- A telephone number at which you can be reached

Contact the assistance call center, open 24 hours a day and seven days a week on:

+33 (0)1 49 02 46 70

FOR ALL OTHER CONTRACTS COVERS

(medical expenses, luggage, overseas liability, personal accident)

YOU MUST:

For Medical expenses, send the original documents by post within 15 days:

- Your subscription number
- Policy number 4.091.300
- A bank statement (IBAN)
- Original invoices of the medical expenses
- Medical Prescriptions
- The medical file completed by the doctor (see page 2)
- A copy of your passport (identification page)

For other Claims, send the original documents by post within 5 days:

For theft of luggage, the Insured must file a complaint for loss, damage, theft or destruction of baggage with the competent local authorities within a period of Twenty Four Hours following the date of the Loss. Only the objects detailed on the complaint form may be compensated.

Send your documents to:

AIG

Service Indemnisation - 2AU

Tour CB21 - 16 Place de l'Iris
92040 Paris La Défense Cedex
France

E-mail: sinistres.fr@aig.com



MEDICAL FILE

FORMULARIO MÉDICO

QUESTIONNAIRE MÉDICAL

TO BE COMPLETED BY THE POLICY HOLDER / A COMPLETAR POR EL ASEGURADO / À REMPLIR PAR L'ASSURÉ

First and Last Name / Nombre y apellidos / Nom et prénom :

Contract number / N°de afiliación / N° d'adhésion :

Date of Birth / Fecha de nacimiento / Date de naissance (d/j - m - y/a) : /..... /.....

TO BE COMPLETED BY THE DOCTOR / A COMPLETAR POR EL MÉDICO / À REMPLIR PAR LE MÉDECIN

1° Reason for consultation / Motivo de la consulta / Motif de la consultation : **Symptoms** / Síntomas / Symptômes

In case of an accident, please explain the circumstances

En caso de accidente, por favor explicar las circunstancias / En cas d'accident, préciser les circonstances :

Day of first symptoms / Fecha de los primeros síntomas / Date des premiers symptômes (d/j - m - y/a) : /..... /.....

Is this the first episode? / ¿Es la primera vez? / Est-ce le premier épisode ?

Any previous pathology associated with the symptoms?

¿Existe alguna patología previa relacionada con los síntomas?

Y a-t-il des antécédents médicaux en lien avec les symptômes ?

2° Findings after medical examination / Resultados después del examen clínico / Résultats après examen clinique :

3° Clinical impression / Impresión diagnóstica / Impression diagnostique :

4° Prescribed tests or scans / Exámenes o análisis recetados / Examens ou analyses prescrits :

5° Confirmed diagnosis / Diagnóstico final / Diagnostic final :

6° Prescribed treatment / Tratamiento recetado / Traitement prescrit :

DOCTOR'S STAMP:
SELLO DEL MÉDICO
TAMPON DU MEDECIN

DOCTOR'S SIGNATURE:
FIRMA DEL MÉDICO
SIGNATURE DU MÉDECIN

DATE / FECHA :