

## Guidelines on General Documents Required for Domestic Helper Claim and Important Note

In the event of any occurrence which may give rise to a claim under this Policy, [written notice](#) of claim must be given to us [within thirty \(30\) days](#), together with all relevant documents. If you are unsure, you should still notify us of the occurrence.

The documents listed below are not exhaustive and we may request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

General Documents Required for Domestic Helper Claim		
Coverage	Types of Documents	IMPORTANT NOTE
<b>Employees' Compensation</b>	<ol style="list-style-type: none"> <li>1. Copy of Form 2/Form 2B</li> <li>2. <b>ORIGINAL</b> sick leave certificate(s)</li> <li>3. <b>ORIGINAL</b> medical expenses receipt(s), if any</li> <li>4. <b>ORIGINAL</b> Certificate of Assessment (Form 7) &amp; <b>ORIGINAL</b> Certificate of Compensation Assessment (Form 5), if any</li> </ol>	<ul style="list-style-type: none"> <li>If your domestic helper sustains an injury or dies as a result of an accident arising out of and in the course of his Employment, YOU as the Employer is obligated to report his case to Labour Department by completing and submitting TWO ORIGINAL:-               <ol style="list-style-type: none"> <li>i). <b>Form 2B</b> (For sick leave(s) not exceeding 3 days) OR</li> <li>ii). <b>Form 2</b> (For sick leave(s) exceeding 3 days / For incident resulting in death) within the respective time period below:                   <ul style="list-style-type: none"> <li>-&gt; Work Injury / Occupational Disease – <b>Within 14 days</b> from the date of accident</li> <li>-&gt; Death – <b>Within 7 days</b> from the date of accident</li> </ul> </li> </ol> </li> <li>NO admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the Insured without AIG written consent</li> <li>Summons, police letter or any formulated claim or correspondence from third party, must be forwarded to AIG <b>IMMEDIATELY</b> for handling. DO NOT acknowledge or respond.</li> <li>If you discovered a fraud or dishonest act committed by your domestic helper, please report to the Police <b>WITHIN 24 hours</b></li> <li>If you have any changes of employment of your domestic helper(s), please notify us as soon as possible for policy endorsement</li> </ul>
<b>Medical Expenses/Dental Expenses</b>	<ol style="list-style-type: none"> <li>1. <b>ORIGINAL</b> hospital/ medical bill(s) /receipt(s) &amp;/ medical reports with DIAGNOSIS and the date of the injury/sickness commenced and certified by a registered medical practitioner</li> </ol>	
<b>Hospital Income</b>	<ol style="list-style-type: none"> <li>1. Payment receipt of the Hospitalization expenses with breakdown</li> <li>2. Medical certificate from a registered practitioner certifying the number of days of hospitalization &amp;/ Hospital Discharge summary</li> </ol>	
<b>Repatriation Expenses</b>	<ol style="list-style-type: none"> <li>1. Medical report(s) and death certificate</li> <li>2. <b>ORIGINAL</b> payment receipt for repatriation expenses</li> </ol>	
<b>Personal Effects</b>	<ol style="list-style-type: none"> <li>1. <b>ORIGINAL</b> purchase receipts for the property(ies) lost or damaged</li> <li>2. An estimate of repair costs. (It should be submitted and approved by AIG Claims Department before making any repair)</li> <li>3. Color photos of the damaged article(s).</li> <li>4. Police report(s) (Only for loss caused by theft, burglary or robbery)</li> </ol>	
<b>Fidelity Coverage</b>	<ol style="list-style-type: none"> <li>1. Police report(s)</li> <li>2. <b>ORIGINAL</b> purchase receipts for the property(ies) lost or damaged</li> </ol>	
<b>Domestic Helper Liability</b>	<ol style="list-style-type: none"> <li>1. Colour Photos of the accident scene (if any)</li> <li>2. Details of the involved Third Party(ies) including:-               <ol style="list-style-type: none"> <li>i). Name of Third Party(ies) and details of damage/injury</li> <li>ii). Telephone Number</li> <li>iii). Address</li> </ol> </li> <li>3. Name and Telephone Number of witness(es) (if any)</li> </ol>	

**\*\*This note is for your guidance only and does not vary the terms of the Policy or form part thereof.**

### [Claim Form](#)

Hotline: +852 3666 7033 (Monday to Friday 9:00am to 6:00pm)

Email: [claims.hk@aig.com](mailto:claims.hk@aig.com)