AIG Auto e-Claims
User Guide for MotorCycle

1)

Login
1) Select a language.
2) Enter the policy number to be claimed.
3) Enter the Vehicle Registration No. to be claimed.
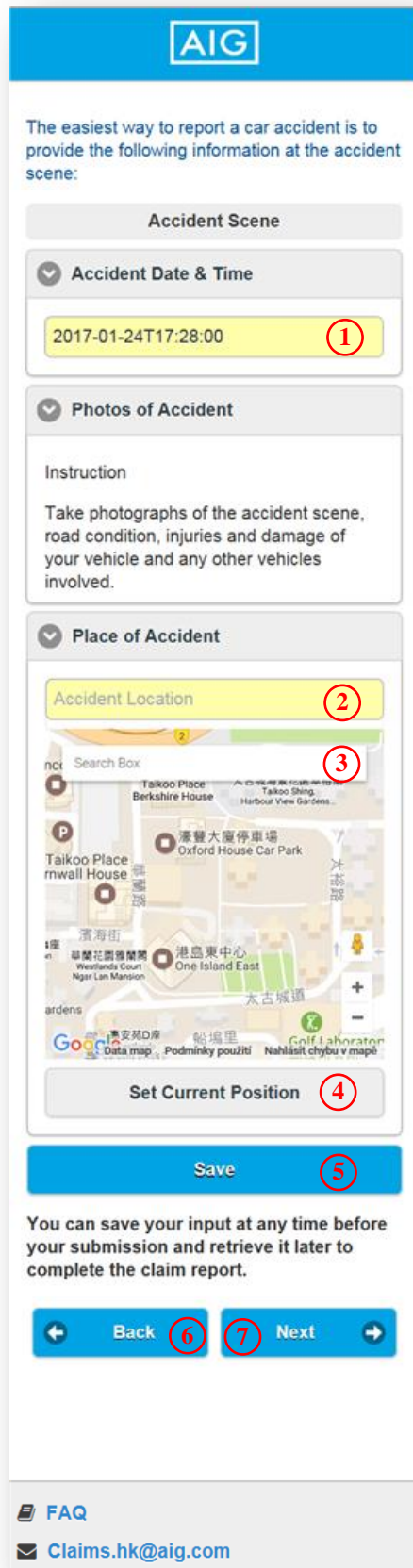4) Click "Login to report an accident" to login to the platform.

2)

Type of Loss
1) Select the Type of Loss.
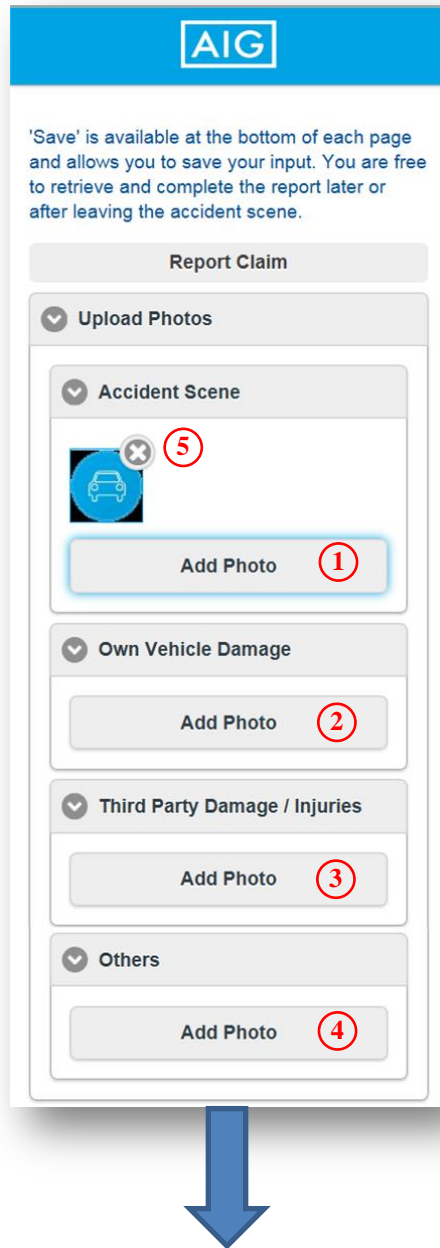2) Click "Next" to go to next page.

3)

Accident Scene

It is recommended to fill in this page at the accident scence so that the GPS can locate your accident location.

Steps:
1) Input the Accident Data & Time. (Default is Current Date Time).
2) Enter the Accident Location OR
3) Input a location and Search OR
4) Locate your current position. The location will be shown in Accident Location Textbox. It is recommended to use it in Accident Scene.
5) Click "Save" to save the input data.
6) Click "Back" to go to previous page.
7) Click "Next" to go to next page.

| 4) | | **Report Claim**

Upload Photos
Steps:
1-4)   Click "Add Photo" to add a photo to appropriate section. Each Section can be uploaded up to 10 photos.
5)   Click "X" to delete picture in a section. |

Report Claim (Cont')

Detail of the insured

Steps:

6-17)   Show the Detail of the isured from the policy information. These fields can be amended if update is needed. The update will not affect the original policy information.

In step 7, HKID card no. / Passport no. is shown with the last 3 characters masked.

Claim Report will be sent to the email address filled in the step 15 after submission. If you want to send a copy to Agent/Broker also, you can fill in an email address in step 17. If you do not want to send a copy to Agent/Broker, please leave it blank.

Details of Vehicle

Make
MAZDA ⑱
Model
CAMRY ⑲
Year of manufacture
2015 ⑳
Cylinder Capacity
1999 ㉑
Chassis No.
chassis no ㉒
Engine No.
engine no ㉓
Vehicle Registration No.
YY111 ㉔
Purpose of use of vehicle at the time of accident
Purpose of use of vehicle at the time of acc ㉕

Details of Driver

☐ Driver and Insured are the same person ㉖
☐ Driving on Insured's order or with Insured's permission
Name
Name ㉗
HKID card no. / Passport no.
HKID card no. / Passport no. ㉘
Date of Birth
Date of Birth ㉙
Driving Experience (in Years)
0 ㉚
Relationship with the insured
Relationship with the insured ㉛
Mobile No.
Mobile No. ㉜
Email Address
Email Address ㉝

Report Claim (Cont')

Details of Vehicle
Steps:
18-24) Show the Detail of Vehicle from policy information. These fields can be amended if update is needed. The update will not affect the original policy information.

25) Input the "Purpose of use of vehicle at the time of accident".

Details of Driver
Steps:
26) Click "Driver and Insured are the same person" if driver and insured are the same person. Otherwise click "Driving on Insured's order or with Insured's permission" if driver gets permission from insured to drive the vehicle.
27) Input the Name of the driver. If "Driver and Insured are the same person" is clicked, it will be automatically filled in the Insured Name.
28) Input the HKID/Passport no of the driver. If "Driver and Insured are the same person" is clicked, it will be automatically filled in the Insured HKID/Passport no.
29) Input the Date of Birth of the driver. The Age range should be between 18 and 65.
30) Input the Driving Experience (in Years).
31) Select the Relationship with the insured.
32) Input the Mobile No. If "Driver and Insured are the same person" is clicked, it will be automatically filled in the Insured Mobile No.
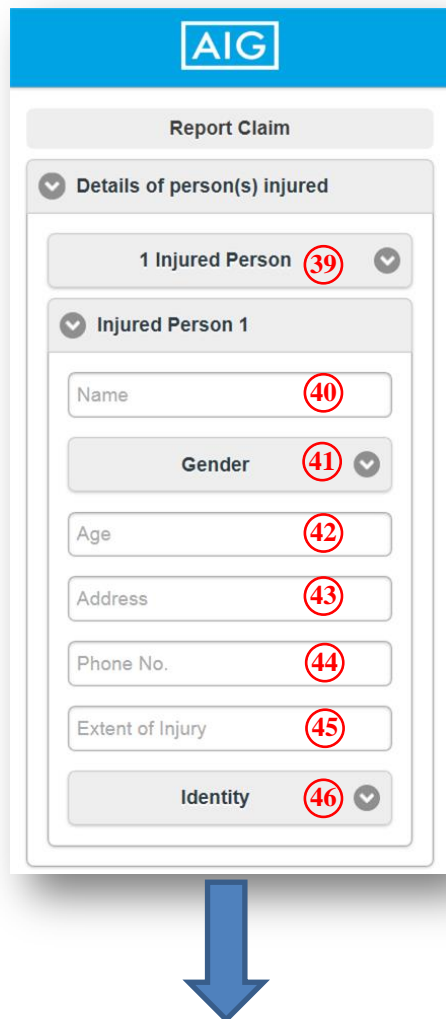33) Input the Email Address. If "Driver and Insured are the same person" is clicked, it will be automatically filled in the Insured Email Address.

Report Claim (Cont')

Details of Accident

Steps:

34) Select the Loss Description.

35) Input the Cirumstanaces if applicable.

36) Click "Save" to save the input data.

37) Click "Back" to go to previous page.

38) Click "Next" to go to next page

Report Claim (Cont')

Details of person(s) injured
If Third Party Bodily Injury Type of Loss is selected, please input the third party details.

Steps:
39) Select the number of Injured Person.

For each of Injured Person, you can input the following information (if any)

40) Input name of Injured Person.
41) Select the Gender.
42) Input the Age.
43) Input the Address.
44) Input the Phone No.
45) Input the Extent of Injury.
46) Select the Identity.

Report Claim (Cont')

Details of Vehicle/Property Damage

Steps:

If Third Party Propery Damage Type of Loss is selected, please input the third party Vehicle/Property details.

47) Select the number of Vehicle/Property.

For each of third party Vehicle/Property, you can input the following information (if any)

48) Input name of Third Party.
49) Input the Registration No.
50) Input the Address.
51) Input the Phone No.
52) Input the Email Address.
53) Select the Nature of Damage.
54) Input the description of damage.
55) Click "Save" to save the input data.
56) Click "Back" to go to previous page.
57) Click "Next" to go to next page.

5)

Details of the Insured

Name of insured	Chan Tai Man
HKID card no. / Passport no.	A1111XXX
Address Line 1	abc
Mobile No.	12345678
Email Address	ChanTaiMan@ChanTaiMan.com
Your agent/broker (if applicable)	Chan Siu Man
Agent/Broker email	

Details of Vehicle

Make & Model	TOYOTA,CAMRY
Year of manufacture	2015
Cylinder Capacity	1999
Engine No.	engine no
Chassis No.	chassis no
Vehicle Registration No.	YY111
Purpose of use of vehicle at the time of accident	Go to Work

Declaration

A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant acknowledge that

Insured(s') travel record to disclose to AIG HK such information, record and knowledge.

This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

☐ Confirm and Agree   ①

Summary/Declaration/Submission

Summary

You can verify the input in this page.

Declaration

1) Click "Confirm and Agree" the Declaration before the report can be submitted to AIG.

10

Summary/Declaration/Submission (Cont')

Submission

2) Sign a name by insured.
3) Clear the Signature.
4) Click "Save" to save the input data.
5) Click "Submit" to submit the claim report to AIG. A Message box should be popped up once the report is submitted to AIG successfully.
6) Click "Back" to back to previous page.
7) Click "Close" to close the platform.