



AIG Auto e-Claims User Guide for MotorCycle

1)

AIG

English 中文

Welcome to AIG Auto e-Claims Service. To submit information regarding a motor vehicle accident, please enter the vehicle registration number for the auto involved in the accident.

AIG Auto e-Claims

Policy No.

Policy No. (2)

Policy No.: AH01-12345678-KA
Please enter your policy no. as 12345678

Vehicle Registration No.

Vehicle Registration No. (3)

Login to report an accident (4)

User Guide

- ★ Private Car
- ★ Motor Cycle

FAQ

Claims.hk@aig.com

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.

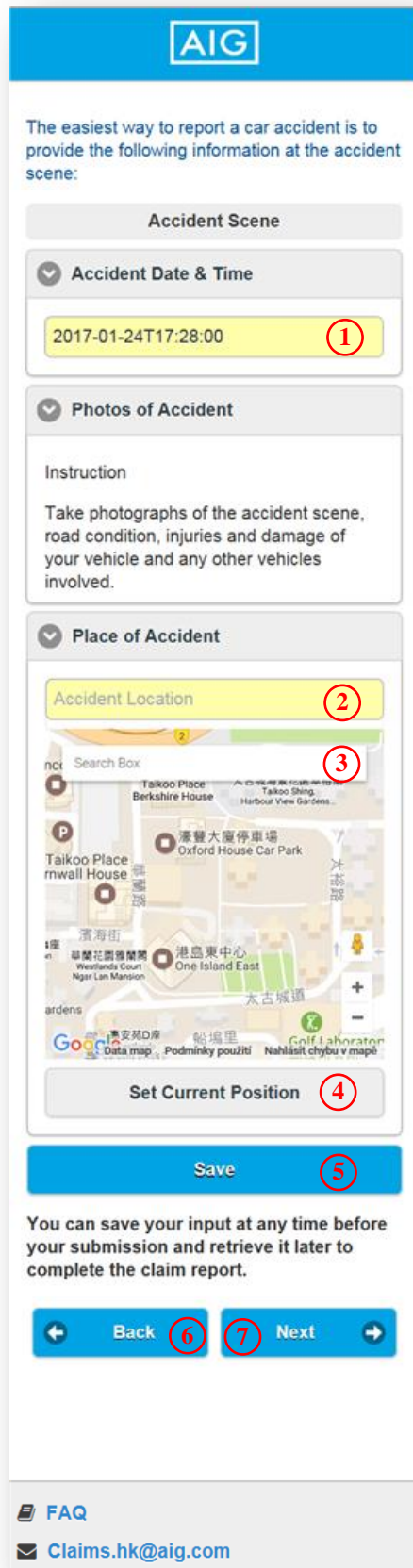


2)

Type of Loss

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

3)



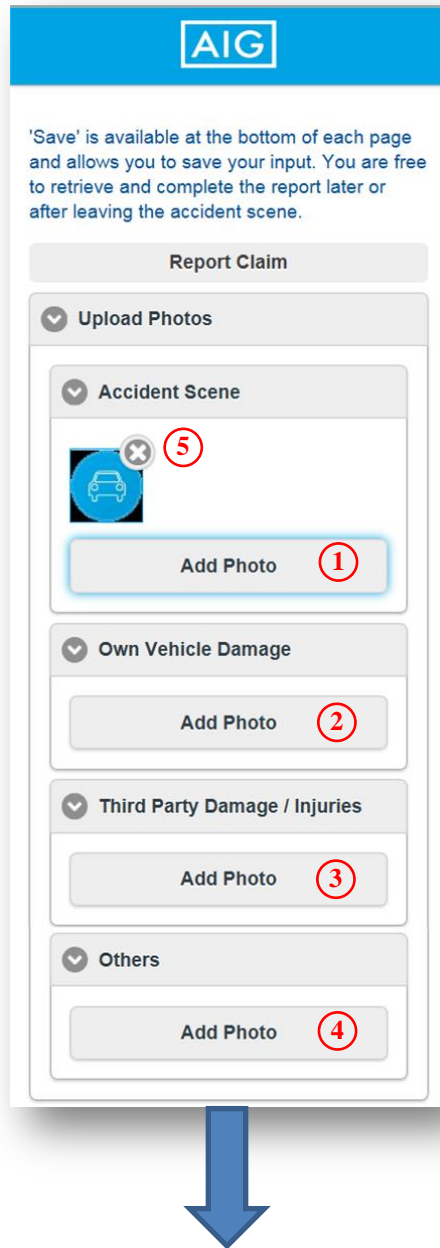
Accident Scene

It is recommended to fill in this page at the accident scene 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)



'Save' is available at the bottom of each page and allows you to save your input. You are free to retrieve and complete the report later or after leaving the accident scene.

Report Claim

Upload Photos

Accident Scene

Own Vehicle Damage

Third Party Damage / Injuries

Others

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.

Details of the Insured

Name of insured

Chan Tai Man 6

HKID card no. / Passport no.

A1111XXX 7

Address Line 1

abc 8

Address Line 2

Address Line 2 9

Address Line 3

Address Line 3 10

Address Line 4

Address Line 4 11

Suburb

CHEK LAP KOK 12

Territory

NEW TERRITORIES AND ISLANDS 13

Mobile No.

12345678 14

Email Address

ChanTaiMan@ChanTaiMan.com 15

(A copy of this claim report will be sent to you after submission of the report.)

Your agent/broker (if applicable)

Chan Siu Man 16

Agent/Broker email

Agent/Broker email 17

(A copy of this claim report will be sent to your agent/broker's e-mail after submission of the report. If you do not wish to send a copy of your claim report, please do not provide the address of the agent/broker.)



Report Claim (Cont')

Detail of the insured

Steps:

6-17) Show the Detail of the insured 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.



Details of Accident

Loss Description
34

Circumstances
35

Save
36

You can save your input at any time before your submission and retrieve it later to complete the claim report.

Back
37
Next
38

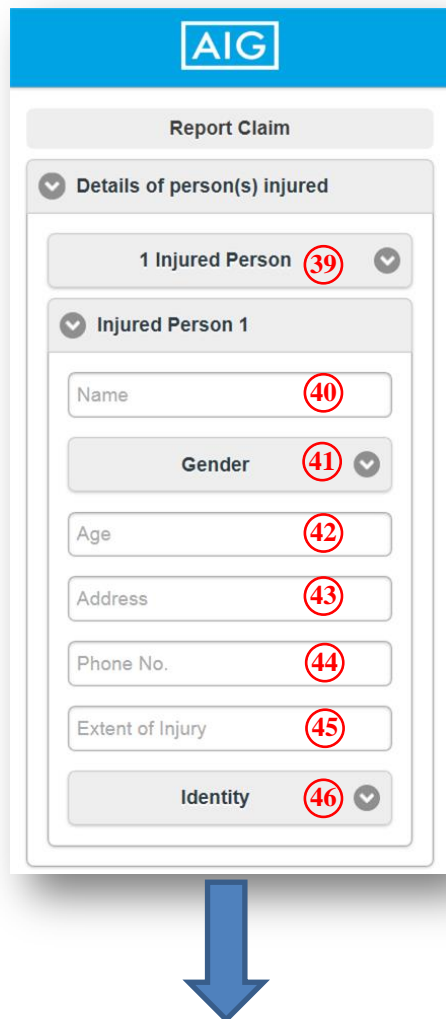
FAQ
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Report Claim (Cont')

Details of Accident

Steps:

- 34) Select the Loss Description.
- 35) Input the Circumstances 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.

Third Party Vehicle/Property Dam...

1 Vehicle/ Property 47

Damage 1

Name of Third Party 48

Registration No. 49

Address 50

Phone No. 51

Email Address 52

Nature of Damage 53

Damage Description 54

Save 55

You can save your input at any time before your submission and retrieve it later to complete the claim report.

Back 56
Next 57

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Report Claim (Cont')

Details of Vehicle/Property Damage

Steps:

If Third Party Property 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)

AIG

Details of the Insured

Name of insured Chan Tai Man
HKID card no. / A1111XXX
Passport no.
Address Line 1 abc
Mobile No. 12345678
Email Address ChanTaiMan@ChanTaiMan.cor
Your agent/broker Chan Siu Man
(if applicable)
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 YY111
Registration No.
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(s) 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.

Signature of Insured:



Clear Signature

Save

You can save your input at any time before your submission and retrieve it later to complete the claim report.

Submit

*You will see a "Confirmation of Submission" alert message and you will then receive an email with your claim report from us. If you do not see a "Confirmation of Submission" alert message, you will need to resubmit or complete this claim report again.

Back

Close

 [FAQ](#)

 Claims.hk@aig.com

Confirmation of Submission

Thank you for submission of the accident report. A copy will be sent to your e-mail shortly.
*If you do not receive an email from us, please check the junk e-mail box or contact us via Hotline: 852 3666 7033(Mon to Fri 9:00am to 6:00pm) or Email to claims.hk@aig.com

OK

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.