

# <u>AIG Auto e-Claims</u> <u>User Guide for Individual Private Car</u>

1)	<ul> <li>Login <ol> <li>Select a language.</li> <li>Enter the policy number to be claimed.</li> <li>Enter the Vehicle Registration No. to be claimed.</li> <li>Click "Login to report an accident" to login to the platform.</li> </ol></li></ul>
<ul> <li>₽ FAQ</li> <li>■ Claims.hk@aig.com</li> </ul>	



AIG	<b>Type of Loss</b> 1) Select the Type of Loss.
Hello! Relax and let us sort out how to report a motor claim via Auto e-Claims:-	2) Click "Next" to go to next page.
Please select Type of Loss 1	
Windscreen	
Own Damage(OD)	
Third Party Property Damage(PD)	
Third Party Bodily Injury(BI)	
Overview after a motor accident	
<ol> <li>Should the accident involve other persons, or your vehicle has been stolen, please notify the Police immediately (within 24 hours).</li> <li>Obtain the information of other parties involved:         <ul> <li>Vehicle Registration No(s).</li> <li>Name and Contact details of the drivers / injured person (s) / witnesses.</li> <li>If you have comprehensive motor insurance coverage with AIG, please call our 24-Hour Auto Assist hotline for towing service at Tel 3122 2390 if necessary.</li> <li>If you believe that the traffic accident was caused by the negligence of other parties, please report to the Police within 10 days.</li> </ul> </li> <li>Next 2</li> <li>You can save your input at any time before your submission and retrieve it later to complete the claim report.</li> </ol>	
FAQ	
Claims.hk@aig.com	



AIG	Accident Scene It is recommended to fill in this page at the accident scence so that the GPS can locate your accident
The easiest way to report a car accident is to provide the following information at the accident scene:	location.
Accident Scene	1) Input the Accident Data & Time. (Default i
C Accident Date & Time	Current Date Time). 2) Enter the Accident Location OR
2017-01-24T17:28:00	<ul> <li>3) Input a location and Search OR</li> <li>4) Locate your current position. The location will be about in Assidant classifier. Touther, it is a set of the section of the set of t</li></ul>
Photos of Accident	shown in Accident Location Textbox. It i recommended to use it in Accident Scene.
nstruction	<ul><li>5) Click "Save" to save the input data.</li><li>6) Click "Back" to go to previous page.</li></ul>
ke photographs of the accident scene, ad condition, injuries and damage of ur vehicle and any other vehicles olved.	<ul><li>7) Click "Next" to go to next page.</li></ul>
Place of Accident	
Accident Location (2)	
Search Box Takoo Place Berkshire House Takoo Shig.	
D aikoo Place wall House D 题 题 题	
當海街 開花語者就不 Westenson Westenson Wastenson 大古城道 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★	
Set Current Position 4	
Save (5)	
You can save your input at any time before	
your submission and retrieve it later to complete the claim report.	
← Back (6) (7) Next →	
FAQ	
Claims.hk@aig.com	



<ul> <li>Upload F</li> <li>Accide</li> </ul>		
	5	
	Add Photo	
Own V	ehicle Damage	
	Add Photo	2
O Third F	Party Damage /	Injuries
	Add Photo	3
Others		
	Add Photo	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.
- Click "X" to delete picture in a section. 5)



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   (9)   Address Line 2   (9)   Address Line 3   (10)   Address Line 4   Address Line 3   (10)   Address Line 4   Address Line 4   (11)   Suburb   CHEK LAP KOK   (12)   NEW TERRITORIES AND ISI(13)   Mobile No.   12345678   (14)   Email Address   ChanTaiMan@ChanTaiMan.com(15)
Chan Tai Man       6         HKID card no. / Passport no.         A1111XXX       7         Address Line 1       abc         abc       8         Address Line 2       9         Address Line 2       9         Address Line 3       10         Address Line 3       10         Address Line 4       11         Suburb       CHEK LAP KOK       12         CHEK LAP KOK       12       12         Territory       NEW TERRITORIES AND ISL(13)       14         Email Address       14       14
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Territory          NEW TERRITORIES AND ISI 13         Mobile No.         12345678         14         Email Address
NEW TERRITORIES AND ISI 13 Mobile No. 12345678 14 Email Address
Mobile No. 12345678 (14) Email Address
12345678 (14) Email Address
Email Address
ChanTaiMan@ChanTaiMan.com
(A copy of this claim report will be sent to you a 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 the agent/broker.)

### **Report Claim (Cont')**

# Detail of the insured

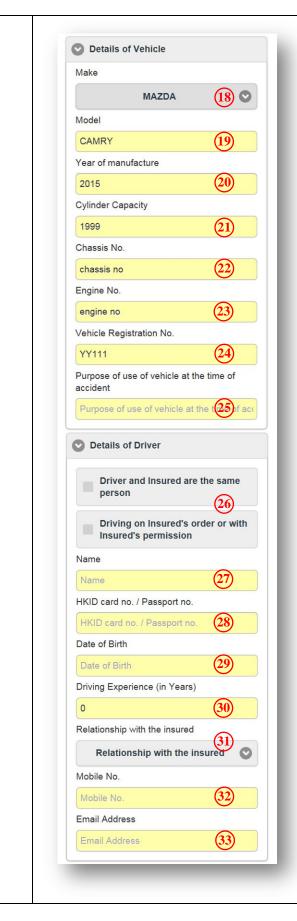
Steps:

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.





## **Report Claim (Cont')**

#### **Details of Vehicle**

Steps:

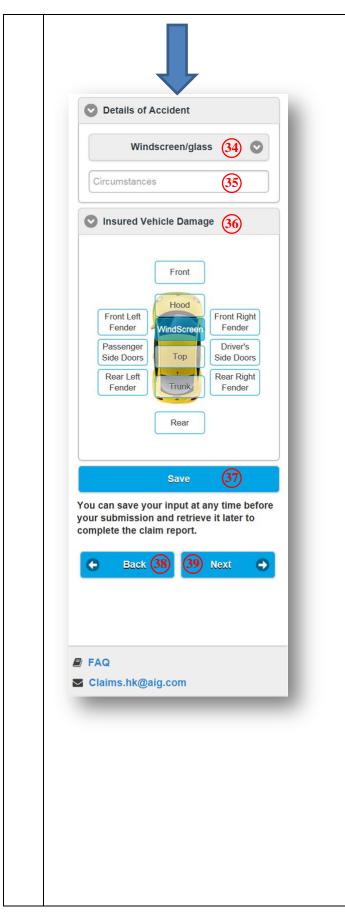
- 18-24) Show the Detail of Vehicle from policy information. These fields can be amended if update is needed. The update will not affect the original policy information.
- 25) Input the "Purpose of use of vehicle at the time of accident".

### **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.





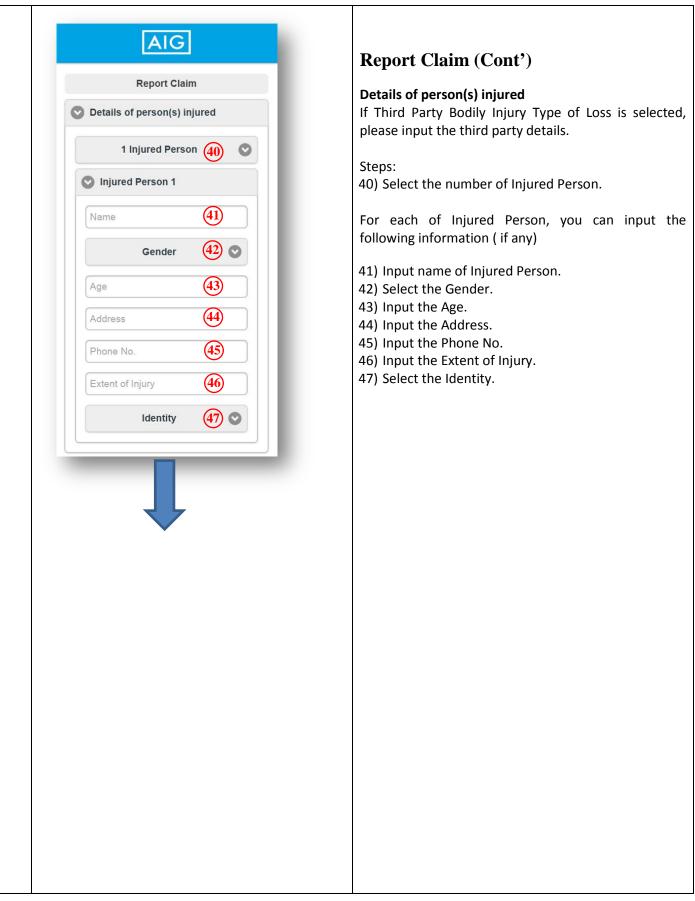
## **Report Claim (Cont')**

#### **Details of Accident**

Steps:

- 34) Select the Loss Description.
- 35) Input the Cirumstanaces if applicable.
- 36) Click the damage part(s) of the vehicle in the accident.
- 37) Click "Save" to save the input data.
- 38) Click "Back" to go to previous page.
- 39) Click "Next" to go to next page

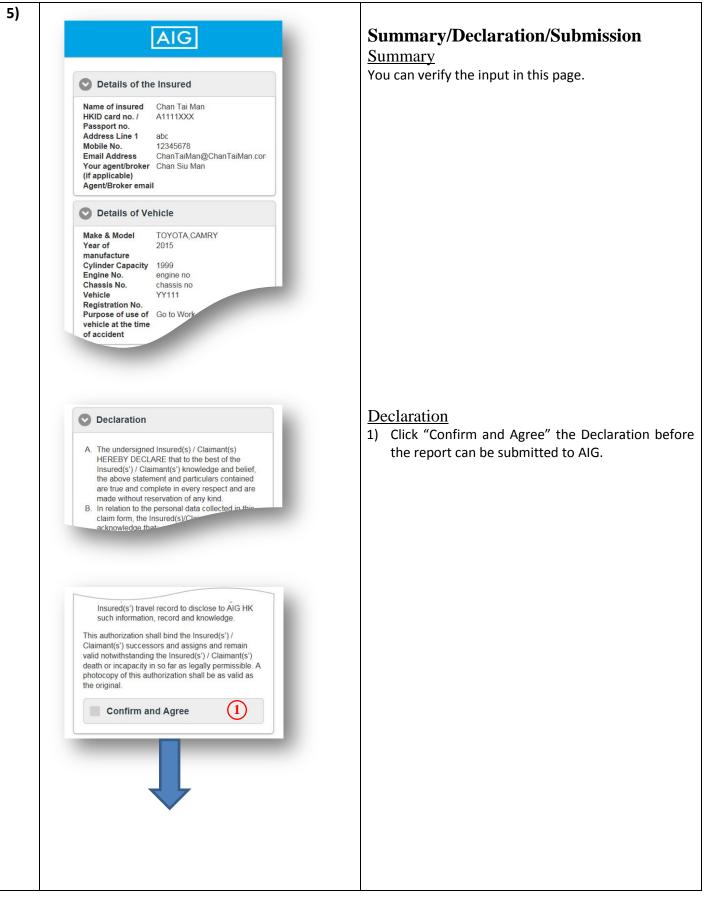






Name of Third Party (④)       please input the third party Vehicle/Property di         Registration No.       (④)         (△)       (④)         (△)       (④)         (△)       (④)         (△)       (④)         (④)       (④)         (□)       (④)         (□)       (□) <t< th=""><th><ul> <li>If Third Party Propery Damage Type of Loss is s please input the third party Vehicle/Property d</li> <li>48) Select the number of Vehicle/Property.</li> <li>For each of third party Vehicle/Property, you can if following information (if any)</li> <li>49) Input name of Third Party.</li> <li>50) Input the Registration No.</li> <li>51) Input the Address.</li> <li>52) Input the Phone No.</li> <li>53) Input the Ernail Address.</li> <li>54) Select the Nature of Damage.</li> <li>55) Input the description of damage.</li> <li>56) Click "Save" to save the input data.</li> <li>57) Click "Back" to go to previous page.</li> <li>58) Click "Next" to go to next page.</li> </ul></th><th><ul> <li>if Third Party Propery Damage Type of Loss is so please input the third party Vehicle/Property det</li> <li>48) Select the number of Vehicle/Property.</li> <li>48) Select the number of Vehicle/Property.</li> <li>49) Input name of Third Party.</li> <li>50) Input the Registration No.</li> <li>51) Input the Address.</li> <li>52) Input the Email Address.</li> <li>53) Input the ddress.</li> <li>53) Input the Email Address.</li> <li>53) Input the ddress.</li> <li>53) Input the Email Address.</li> <li>54) Select the Nature of Damage.</li> <li>55) Input the description of damage.</li> <li>56) Click "Save" to save the input data.</li> <li>57) Click "Back" to go to previous page.</li> <li>58) Click "Next" to go to next page.</li> </ul></th><th><ul> <li>if Third Party Propery Damage Type of Loss is a please input the third party Vehicle/Property d</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)<th>If Third Party Propery Damage Type of Loss is s</th></li></ul></th></t<>	<ul> <li>If Third Party Propery Damage Type of Loss is s please input the third party Vehicle/Property d</li> <li>48) Select the number of Vehicle/Property.</li> <li>For each of third party Vehicle/Property, you can if following information (if any)</li> <li>49) Input name of Third Party.</li> <li>50) Input the Registration No.</li> <li>51) Input the Address.</li> <li>52) Input the Phone No.</li> <li>53) Input the Ernail Address.</li> <li>54) Select the Nature of Damage.</li> <li>55) Input the description of damage.</li> <li>56) Click "Save" to save the input data.</li> <li>57) Click "Back" to go to previous page.</li> <li>58) Click "Next" to go to next page.</li> </ul>	<ul> <li>if Third Party Propery Damage Type of Loss is so please input the third party Vehicle/Property det</li> <li>48) Select the number of Vehicle/Property.</li> <li>48) Select the number of Vehicle/Property.</li> <li>49) Input name of Third Party.</li> <li>50) Input the Registration No.</li> <li>51) Input the Address.</li> <li>52) Input the Email Address.</li> <li>53) Input the ddress.</li> <li>53) Input the Email Address.</li> <li>53) Input the ddress.</li> <li>53) Input the Email Address.</li> <li>54) Select the Nature of Damage.</li> <li>55) Input the description of damage.</li> <li>56) Click "Save" to save the input data.</li> <li>57) Click "Back" to go to previous page.</li> <li>58) Click "Next" to go to next page.</li> </ul>	<ul> <li>if Third Party Propery Damage Type of Loss is a please input the third party Vehicle/Property d</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(a)</li> <li>(b)</li> <li>(c)</li> <li>(c)<th>If Third Party Propery Damage Type of Loss is s</th></li></ul>	If Third Party Propery Damage Type of Loss is s
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	Claims.nk@aig.com	Claims.nk@aig.com	Claims.nk@aig.com	
Claims.nk@alg.com				







Signature of Insured:	Summary/Declaration/Submission (Cont')
<complex-block></complex-block>	<ul> <li>Submission</li> <li>Sign a name by insured.</li> <li>Clear the Signature.</li> <li>Click "Save" to save the input data.</li> <li>Click "Submit" to submit the claim report to AIG. A Message box should be popped up once to report is submitted to AIG successfully.</li> <li>Click "Back" to back to previous page.</li> <li>Click "Close" to close the platform.</li> </ul>
<ul> <li>₽ FAQ</li> <li>➤ Claims.hk@aig.com</li> </ul>	
Confirmation of Submission	
Thank you for submission of the accident report. A copy will	