

CLAIM REFERENCE _____

PAYMENT PROCEDURE

Please provide Bank Details to ensure prompt payment of your benefits.

Name of Bank: _____

Branch: _____

Account in the Name of: _____

Type of Account: _____

BSB Number: _____

Bank Account Number: _____

I, _____ declare and warrant that the above particulars are true and correct in every detail. Further, I authorise AIG Australia Limited, to credit this account with any monies payable to me under the Policy of Insurance. I shall notify AIG of any changes to the above details immediately in writing.

Signed: _____ Date: _____

This form can be returned either by:
Facsimile to (03) 9522 4974 or
Mail to AIG, GPO Box 4363, MELBOURNE VIC 3001