



AIG Auto e-Claims User Guide for Individual Private Car

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.

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

Vehicle Registration No.

Vehicle Registration No.

Login to report an accident

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)

AIG

Hello! Relax and let us sort out how to report a motor claim via Auto e-Claims:-

▼ 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

1. Should the accident involve other persons, or your vehicle has been stolen, please notify the Police immediately (within 24 hours).
2. Obtain the information of other parties involved:
 1. Vehicle Registration No(s).
 2. Name and Contact details of the drivers / injured person(s) / witnesses.
3. 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.
4. If you believe that the traffic accident was caused by the negligence of other parties, please report to the Police within 10 days.

Next **2** →

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

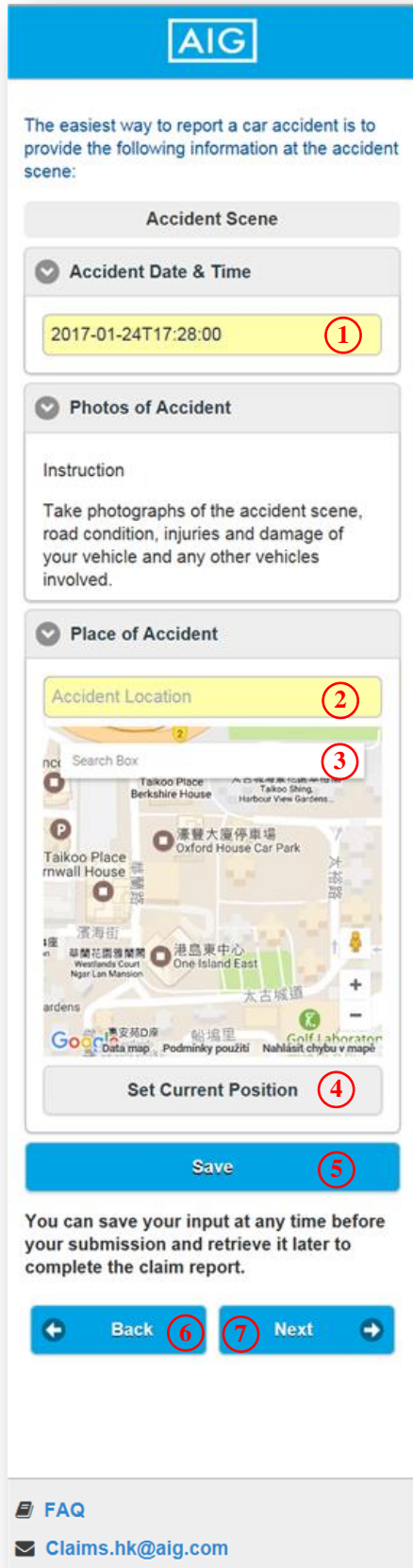
[FAQ](#)

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Type of Loss

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

3)



Accident Scene

The easiest way to report a car accident is to provide the following information at the accident scene:

Accident Date & Time

2017-01-24T17:28:00 **1**

Photos of Accident

Instruction

Take photographs of the accident scene, road condition, injuries and damage of your vehicle and any other vehicles involved.

Place of Accident

Accident Location **2**

3

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](#)

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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)

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 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 the Insured

Name of insured
 (6)

HKID card no. / Passport no.
 (7)

Address Line 1
 (8)

Address Line 2
 (9)

Address Line 3
 (10)

Address Line 4
 (11)

Suburb
 (12)

Territory
 (13)

Mobile No.
 (14)

Email Address
 (15)
(A copy of this claim report will be sent to you after submission of the report.)

Your agent/broker (if applicable)
 (16)

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.)



▼ Details of Vehicle

Make
 (18)

Model
 (19)

Year of manufacture
 (20)

Cylinder Capacity
 (21)

Chassis No.
 (22)

Engine No.
 (23)

Vehicle Registration No.
 (24)

Purpose of use of vehicle at the time of accident
 (25)

▼ Details of Driver

Driver and Insured are the same person (26)

Driving on Insured's order or with Insured's permission

Name
 (27)

HKID card no. / Passport no.
 (28)

Date of Birth
 (29)

Driving Experience (in Years)
 (30)

Relationship with the insured
 (31)

Mobile No.
 (32)

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.

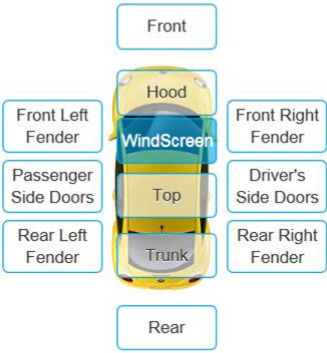


Details of Accident

Windscreen/glass 34

Circumstances 35

Insured Vehicle Damage 36



Save 37

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

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Next 39 →

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Report Claim (Cont')

Details of Accident

Steps:

34) Select the Loss Description.

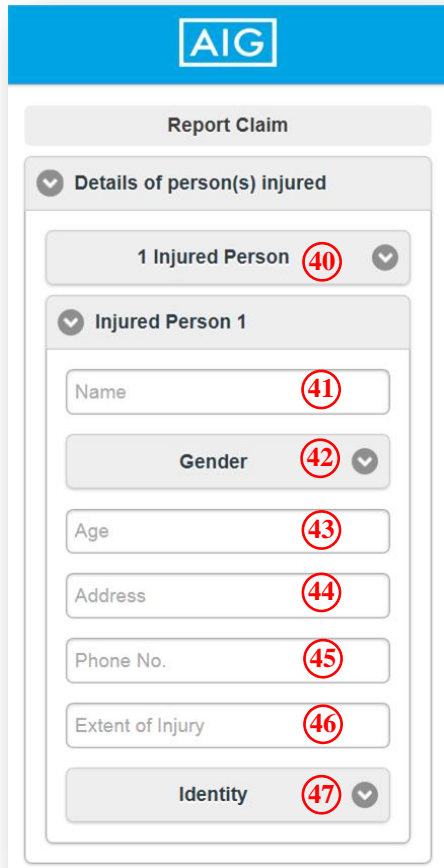
35) Input the Circumstances if applicable.

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



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:

40) Select the number of Injured Person.

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

41) Input name of Injured Person.

42) Select the Gender.

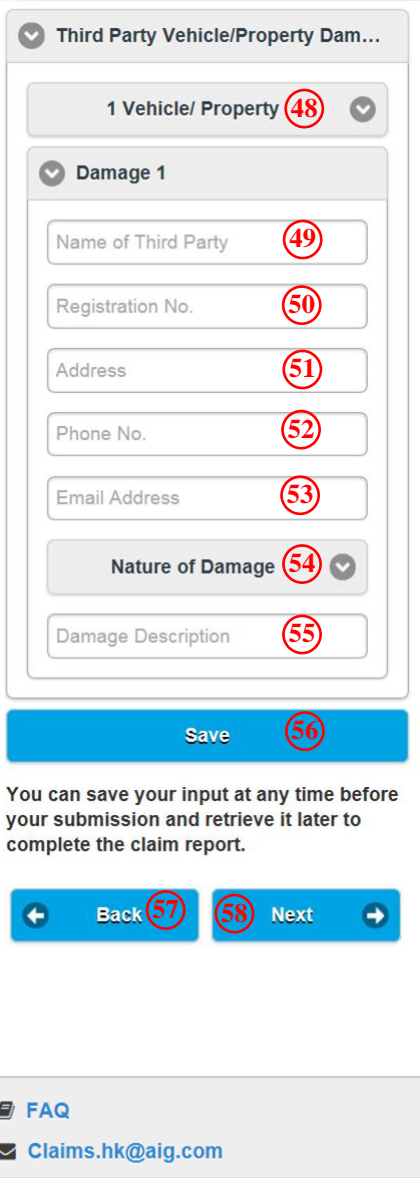
43) Input the Age.

44) Input the Address.

45) Input the Phone No.

46) Input the Extent of Injury.

47) Select the Identity.



Third Party Vehicle/Property Dam...

1 Vehicle/ Property (48)

Damage 1

Name of Third Party (49)

Registration No. (50)

Address (51)

Phone No. (52)

Email Address (53)

Nature of Damage (54)

Damage Description (55)

Save (56)

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

Back (57) Next (58)

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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.

48) Select the number of Vehicle/Property.

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

49) Input name of Third Party.

50) Input the Registration No.

51) Input the Address.

52) Input the Phone No.

53) Input the Email Address.

54) Select the Nature of Damage.

55) Input the description of damage.

56) Click “Save” to save the input data.

57) Click “Back” to go to previous page.

58) Click “Next” to go to next page.



5)

AIG

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.cor
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	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

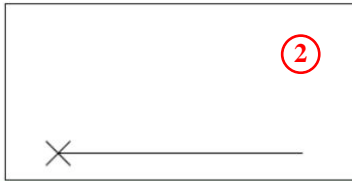
Summary

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 3

Save 4

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

Submit 5

*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 6

Close 7

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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.