AIG Accident and Health Claims Department

PO Box 25987 Shawnee Mission, KS 66225

800 551 0824 Telephone 866 893 8574 Facsimile

AandH.ClaimsSubmissions@AIG.com

Date May 14, 2014



Dear Policyholder,

Attached is a copy of the Baggage / Personal Effects Loss claim form you requested. Please read the following information and instructions very carefully as all of the information is required for us to begin processing your claim.

- All sections of the claim form must be completed in detail paying special attention to the following:
 - Please ensure that you complete the sections on Extent or nature of loss, theft, damage and the Date and Time of the loss.
 - Please ensure that the claimant signs at the bottom of the claim form.
 - Please ensure that the document is notarized if the loss amount is greater than \$100.00
- Attach copies of credit card statement and/or receipts showing charges for the trip and all correspondence pertaining to and substantiating the loss.
- If loss occurred via common carrier (i.e., railroad, airline, bus, taxi, etc) you should have submitted the initial claim to them directly. You must submit a copy of the carrier's payment or denial letter to us with your claim.
- If loss could be covered by another insurance carrier, then you must submit the policy information to include:
 - Name of company
 - Policy number
 - Type of policy
 - Amount filed
- Attach a copy of the police report filed.

Once your claims package is received, it will take approximately 10-15 business days to review your claim. Please keep in mind that all decisions regarding claims will be made by the Claims Department and will be based on the documentation provided when the claim is filed.

If you have questions/comments, please contact our Customer Service Department at 1-800-551-0824.

Regards,

Customer Service Department
AIG
Accident and Health Claims Department

AIG Accident and Health Claims Department P.O. Box 25987 Shawnee Mission, KS. 66225 800-551-0824 (Telephone) 866-893-8574 (Facsimile)

PROOF OF LOSS

UNDERWRITTEN BY: NUFIC OF PITTSBURGH, PA

NAME OF GROUP: NVIDIA CORPORATION

POLICY NUMBER: GTP 6140823

BAGGAGE LOSS, THEFT, PERSONAL EFFECTS OR DAMAGE CLAIM REPORT

INSTRUCTIONS:

- 1.) All questions must be answered fully.
- 2.) This form must be notarized on all claims in excess of \$100.
- 3.) Attach copies of credit card statement (if applicable) and/or receipts showing charges made for trip and all correspondence pertaining to and substantiating loss.
- 4.) Attach all receipts and/or bills pertaining to loss.
- 5.) Direct all correspondence to the claim office shown above.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

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Name:	Date of Birth:	Sex:	Molo 🗆	Fomolo 🗆
Address:	City		Male □ State	Female □ Zip
Telephone Number: ()	I			
Date of Departure:	Date of Return:			
Date and time of loss:	<u> </u>			
Describe extent or nature of loss, theft, dama	age:			
State in detail where and how loss, theft, dan	nage occurred:			
If loss, theft or damage occurred while property was on a.) Give name of common carrier:	or in the custody of a common carrier (i.e	e., railroad, airline, b	us, taxi, etc.):	
b.) Was the carrier notified at the tim	e of loss, theft, damage?			
c.) Was baggage checked at time of	loss, theft, damage?			
d.) Has a formal claim been made aç	gainst the carrier?			
(If not, this must be done immediately. A				
Is there another insurance company that would lif yes, give name of company, policy number		ge to this proper	ty?	
Were police or authorities notified?	If yes, state who was notified	d:		
(Attach a copy of the police report or repo	ort from other authority.)			
PLEASE USE THE NEXT PAGE OF THIS E	ORM TO LIST THE ITEMS LOS	T STOLEN OR	DAMAGED	

Description	Date of Purchase	*Purchase Price
*IF ITEM DAMAGED PLEAS	E SUBMIT ESTIMATE OF REPAI	RS
I AGREE THAT IN THE EVENT OF THIS PROPERTY BEING RECOMAY HAVE ADVANCED TO ME ON ACCOUNT OF SAID LOSS, ITE THE COST OF RESTORING IT TO SOUND CONDITION, IF RECOVERING IT TO SOUND I	VERED TO REFUND TO THE COMPANY BEING UNDERSTOOD THAT THE COMPAERED IN A DAMAGED CONDITION. To appear on this form: Any person who knot to fines and confinement in state prison. A addulent claim for payment of a loss or to be subject to fines and confinement in prison to defraud any insurance company or othe purpose of misleading, information conclicits or conspires with another to make a fact, the department of motor vehicles or and a civil penalty not to exceed five thousand a intent to defraud any insurance company outpose of misleading, information concerning to criminal and civil penalties. The purpose of misleading information concerning to criminal and civil penalties. The purpose of misleading information concerning to criminal and civil penalties. The purpose of misleading information concerning to criminal and civil penalties.	wingly presents a false or fraudulent benefit or knowingly presents false con her person files an application for cerning any fact material thereto, lise report of the theft, destruction, insurance company commits a dollars and the value of the subject or other person files a statement of ag any fact material thereto commits gly presents a false or fraudulent iilty of a crime and may be subject to
WITNESS hand	at this day	19
	INSURED (OR AU	THORIZED
REPRESENTATIVE)		MONIZED
PERSONALLY APPEAREDS SOLEMN OATH THAT THE SAME IS TRUE, AND THA COMPANY SHOULD BE ADVISED. SUBSCRIBED AND SWORN TO BEFORE ME, THE DA	T NO MATERIAL FACT IS WITHF	HELD OF WHICH THE
	(SEAL)	
NOTA	RY PUBLIC	
COUNTY OF STATE	OF	
STATE	- OI	