



AIG MEA Limited (Kuwait Branch)



FRAUDULENT CHARGES
Claim Request Form

POLICYHOLDER: MasterCard Asia/Pacific Pte.Ltd. ("MAPPL")

POLICY NUMBER: P/FC/2014/001

EMAIL: mastercard.services@aig.com

INSTRUCTIONS

COMPLETE AND SIGN THIS CLAIM FORM

RETURN THIS FORM TO:

AIG MEA Limited (Kuwait Branch)
Al-Kharafi Tower, 5th Floor,
Hamad Al Saqr Street,
Al-Qibla,
Kuwait City, Kuwait
Tel: +965-9-9993142 Fax: +965 2247 4264

IN ADDITION TO THE CLAIM FORM, THE FOLLOWING ITEMS ARE REQUIRED (WITHIN 30 DAYS):

- 1) Proof of Fraudulent Charges;
- 2) Official copy of the police report;
- 3) Cardholder's statement of account showing the account is open and in good standing at the time of filing the claim;
- 4) All other relevant documents we may ask you to provide.

CARDHOLDER INFORMATION

CARDHOLDER NAME:	DATE OF BIRTH:	GENDER:
DAYTIME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	E-MAIL:
CARDHOLDER ADDRESS:		

BANK & CARD INFORMATION:

BANK NAME:	
CARD TYPE:	CARD BIN NUMBER (first six (6) digits of account):
EFFECTIVE DATE OF CARD	TERMINATION DATE OF CARD
IS YOUR CARD ACCOUNT CURRENTLY OPEN AND IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

LOSS INFORMATION

DESCRIBE THE LOSS EVENT	LOCATION OF LOSS	LOSS AMOUNT
	CITY	
	COUNTRY	

NATURE OF THE LOSS INCIDENT:	<u>CHECK ONE:</u>	INCIDENT DATE	PLACE OF INCIDENT	POLICE REPORT NUMBER
	CARD LOST CARD NOT LOST			

ADDITIONAL SUPPORTING INFORMATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

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.