



Corporate Liability Waiver

Claim Request Form

POLICYHOLDER: MASTERCARD INTERNATIONAL Inc.

EMAIL: MEA.Mastercard@aig.com

INSTRUCTIONS

COMPLETE AND SIGN THIS SERVICE REQUEST FORM

RETURN THIS FORM TO: MEA.Mastercard@aig.com

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

- 1) Claim form with brief description of the claim
- 2) List and description of the Waivable Charges Billed during the waiver period
- 3) Copy of the Company's completed Affidavit of Waiver and letter sent to the Corporate Card User and Commercial Card Cancellation Form
- 4) Evidence of all action taken to collect the Charges
- 5) Copy of the Affidavit of Waiver by letter to the bank

CARDHOLDER INFORMATION

CARDHOLDER NAME:

DATE OF BIRTH:

GENDER:

DAYTIME PHONE NUMBER:

ALTERNATE PHONE NUMBER:

E-MAIL:

COMPANY NAME & 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:

HAS THE CARD ACCOUNT BEEN CANCELLED?

YES

NO

LOSS INFORMATION

DESCRIBE THE LOSS

INCIDENT DATE

LOCATION OF LOSS

LOSS AMOUNT

CITY

COUNTRY

ADDITIONAL SUPPORTING INFORMATION

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

SIGNATURE & STAMP

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.