



Claims Department
P.O. Box 47
Stevens Point, WI 54481-0047
Fax: 715.295.1113 or 715.345.1141
www.travelguard.com

AIG Claims Inc. is a wholly owned subsidiary of AIG and provides claims administration for Travel Guard® travel insurance products.

CLAIM NO: UC8115839380

IMPORTANT NOTE:

Please complete all sections of this form to facilitate the processing of your claims.

Please answer all questions. An incomplete claim form may cause a delay in our assessment of your claim. Please complete this form in CAPITALS. Additional information on the supporting documents required for a complete claim submission is referenced on the New Claim Form and can be obtained at www.travelguard.com.

Common Carrier Ticket Authorization

Name of Primary Insured: CHARAN SAIDEV GANGA		
Name of All Other Insured(s): LOHITHA PRIYA GANGA SUNEETHA GUMMALLA		
Ticket Value: 4342.41 USD	Name of Common Carriers (i.e. Airline, Cruise Line): LUFTHANSA	Common Carrier Booking / Reference Number: 26FYVL

In return for reimbursement of the prepaid, non-refundable Common Carrier ticket cost under the terms and conditions of the Travel Guard® Insurance Policy by

AIG Claims, Inc. and affiliated companies

Hereby referred to as the "Companies". I assign all rights, title, interest, rights of recovery, and travel credits I may have against the above mentioned Common Carrier(s) as a result of the insured trip to the Companies. The Companies shall be fully and completely subrogated to my rights against any and all parties who may be liable to provide credits or indemnity or make a contribution with respect to any matter, which is the subject of the insured claim. As a consequence of my assignment, I further affirmatively acknowledge that for Common Carrier Booking/Reference Number, I understand that I will no longer have the right to pursue any right, title, interest, right of recovery or travel credits from the Common Carrier(s), to the extent I have been fully reimbursed by the Companies in connection with the above mentioned Common Carrier Booking/Reference Number.

The Companies are entitled to receive any credits and/or money from the above mentioned Common Carrier(s) for the insured trip that I would have been eligible to receive related to this Common Carrier Booking / Reference Number, if and when such funds or credits become available. I agree that any money and/or credits I receive from the above mentioned Common Carrier(s) will be made payable to the Companies and sent to the Companies, regardless of who is responsible for requesting the refund.

By requesting reimbursement from the Companies for my non-refundable Common Carrier tickets, I agree that I have not used or exchanged these tickets or credits for other tickets, nor will I in the future.

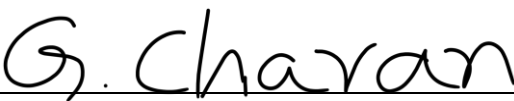
By signing this form, I understand that I am requesting payment on this claim for non-refundable tickets issued by the above mentioned Common Carrier(s). If the Companies pay for my non-refundable tickets issued by the above mentioned Common Carrier(s) on this claim, the Companies reserve the right to subrogate the amount paid.

I hereby agree to cooperate fully with the Companies including cooperation with respect to any litigation by the Companies, at its expense, in my name against any and all parties, which may be ultimately liable. I agree to execute any documents necessary or desirable for perfecting the rights assigned.

I direct and authorize that the above mentioned Common Carrier(s) may make a payment in respect of my claim and/or correspond with the Companies directly, or in accordance with the Common Carrier's policy or standard industry procedure.

07/02/2025

Date


Sign here (Primary Insured)