BAOVIET Insurance
BẢO HIỂM BẢO VIỆT

MB 01/QT 37

CLAIM FORM FOR INDIVIDUAL CLIENT

Please read carefully and fill out the form completely

I. DETAILS OF THE INSURED

Certificate/Card No.: *To be filled in BLOCK LETTERS, including the dots (.)*

Insurance Period From: / / To: / /

Name of the Insured: _____

Date of birth: / / ID Number:

Policy Holder: _____

Address: _____

Mobile number: _____ Email: _____

II. MEDICAL INFORMATION

Date of illness/accident: / / Type of treatment ☐ Out-patient ☐ In-patient

Consultation/Treatment at: _____ Date of Admission: / /

Date of Discharge: / /

Diagnosis of doctor/Cause of accident:

_____

_____

_____

TOTAL CLAIM AMOUNT: _____

III. DETAILS OF THE CLAIMANT (the BENEFICIARY as well)

The Claimant must be the Insured her/himself, or the legal inheritor/beneficiary/nominated receiver named on the Insurance Policy/Certificate or legally authorized representative of the Insured or mother/father/legal guardian of the Insured under age 18. ***Only fill in this section if the Claimant is not the Insured.***

Name of the Claimant: _____

Date of birth: / / ID Number:

Address: _____

Relationship to the Insured: _____

Mobile number: _____ Email: _____

IV. METHOD OF PAYMENT (Please mark X in the selected box)

☐ Cash at Bao Viet Insurance *Not applicable for claim amount over 20 million VND*	☐ Bank transfer Account No: Name of Beneficiary: Bank: Branch:

- Identity card is required if the Claimant gets paid in cash at Bao Viet Insurance.

- In case the Beneficiary is mother/father/legal guardian of the Insured under age 18, s(he) must be prepared to present suitable documents indicating the relationship with the Insured such as the copy of household registration book/certificate of birth, or documents indicating rights of guardian, or other relevant documents as required by law.

- In case the Beneficiary is the legal inheritor or legally representative of the Insured over age 18, s(he) must be prepared to present suitable documents proving the right to inherit/Authorization letter issued and notarized by the People's Committee of the Ward or higher administrative levels, or other relevant documents as required by law (unless (s)he is named as the Beneficiary/Nominated Receiver on the Insurance Policy/Certificate).

***DECLARATION** : The Claimant declares that all the information provided on this Claim form is truthful, correct, complete and s(he) is legally responsible for all that information.*
The Insured and/or the legal inheritor/legally authorized representative agree that with this Claim form, The Insured and/or the legal inheritor/legally authorized representative authorize Bao VIet Insurance to seek information from any third party for claim handling process, including but not limited to, the current and previous Medical Practitioners.

SUPPORTING DOCUMENTS:

- ☐ Hospital Admission/Discharge form: ____ sheets
- ☐ Medical Prescription: ____ sheets
- ☐ Test laboratory, X-ray results: ____ sheets
- ☐ Operation report: ____ sheets
- ☐ Invoice, receipt: ____ sheets
- ☐ Accident report: ____ sheets
- ☐ Death Certificate: ____ sheets
- ☐ Other documents: ____ sheets

Date: ..... / ..... / 20.....

CONFIRMATION OF CLAIMANT

(Signature and full name of the claimant)