

CLAIM FORM FOR INDIVIDUAL CLIENT

Please read carefully and fill out the form completely

I. DETAILS OF THE INSUKED				
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	Bank transfer			
Not applicable for claim amount over	Account No:			
20 million VND	Name of Beneficiary:			
	Bank:			
	Brand:			

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. In case the insurance payment amount is inaccurate compared to the insurance benefits specified in the contract, each party has the right and obligation to make additional payment or return the inaccurate payment amount to the other party.

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)