GENERALI

CLAIM FORM

(GROUP INSURANCE)

Insurance card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Claim no: ☐☐☐☐☐☐☐☐

Policy holder (Company name): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I. PERSONAL INFORMATION

CLAIMANT

Is ☐ Policy holder ☐ Dependent.
☐ Insured Person ☐ Legal heir ☐ Others relatives: .....

Full name (Uppercase): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D.O.B: ☐☐/ ☐☐/☐☐☐☐ Phone number: ☐☐☐☐☐☐☐☐☐☐

ID/ Passport: ☐☐☐☐☐☐☐☐☐☐☐☐ Issue date: .... / ...../..... Place of issue: .....

Email: .....

INSURED PERSON (a person asks to be covered under this policy)

Full name (Uppercase): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

D.O.B: ☐☐/☐☐/☐☐☐☐

ID/Passport: ☐☐☐☐☐☐☐☐☐☐☐☐ Issue date: .. /...../..... Place of issue:.....

Phone number:..... Email: .....

Address: ..... Provine/City: .....

II. CLAIM'S INFORMATION

1. Claim type:

☐ In-patient ☐ Outpatient ☐ Dental care ☐ Maternity ☐ Health checkup ☐ Income

Treatment history *(kindly provide medical records)*

Treatment place	Examination date/Admission date	Discharge date	Diagnosis
……..	☐☐/☐☐/☐☐☐☐	/ /	
……..	☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐	.....
……..	☐☐/☐☐/☐☐☐☐	☐☐/☐☐/☐☐☐☐	.....

Incurred amount: ……..VND

2. Others type:

☐ Total permanent disability ☐ Death

Date of Insurance event: ☐☐/☐☐/☐☐☐☐

Cause: ☐ Diseases *(Please provide relevant medical documents)* ☐ Accident *(Please provide relevant accident documents)*

Diagnosis: .....

III. PAYMENT INFORMATION (BANK TRANSFER PAYMENT)

Postal address: Claims Department - Generali Plaza, 43-45 Tu Xuong, District 3, Ho Chi Minh City, Vietnam

☐ **Transfer bank account**

Bank account name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Uppercase)

Bank account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank name: ☐ Ngoại thương (Vietcombank) ☐ Công thương (Vietinbank)
☐ Đầu tư và Phát triển (BIDV) ☐ Ngân hàng khác (ghi rõ tên) .....

Branch name:..... Transaction office: ..... Province/City:.....

Claim documents (*Please tick (X)on the types of documents you are providing)*

☐ Discharge certificate ☐ Receipt/ Invoice ☐ Death certificate
☐ Surgery certificate ☐ Biên lai thu tiền/Phiếu thu ☐ Accident report
☐ Medical book/ medical report ☐ Breakdown of charge ☐ Doctor's indication for sick leave
☐ Clinical test result ☐ Doctor's indication for clincal test
☐ Others: .....……

IV. COMMITMENT REGARDING TO THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Please check the appropriate box below (if any):

I am/We are citizen(s) or long-term resident(s) of the United States (U.S.) ☐
I/We have some aspects related to U.S. including having U.S. birth certificate/U.S. home address/ U.S. telephone number. ☐
I/ We have U.S. tax filing obligations ☐

In case the claimant is citizen/organization of U.S. or has some aspects related to U.S. and has U.S. tax filing obligations in accordance with the foreign account tax compliance act (FATCA), please submit W9/W8 form as per Generali staff's instruction.

V. COMMITMENT AND AGREEMENT

I/We:

(a) Hereby certify that all the information provided on this form along with the documents enclosed are complete and accurate to the best of my/ our knowledge and ready to provide other documents for claim processing if required.
(b) Give permission and authorize any organization, company or individual who has knowledge of the occupation, health, medical history, insured event of insured person to provide Generali or Generali 's representative any information required,
(c) Give Generali permission to use my/our address, telephone number, email to provide information required to complete the assessment of this claim.

VI. CONSENT FOR PERSONAL DATA PROCESSING

I/We confirm and ensure that all insureds agree to provide and allow Generali Vietnam to collect, use, transfer, and process their personal data in accordance with Generali Vietnam's Personal Data Processing Policy(*) that is in compliance with the legal regulations on personal data processing (including but not limited to the aspects of personal data types, purposes of personal data processing, entities and individuals processing personal data, the rights and obligations of data subjects, processing methods, processing duration, etc.)

(*) Scan the QR code to view and download Generali Vietnam's Personal Data Processing Policy:

CLAIMANT *(Signature and full name)*	**COMPANY'S CONFIRMATION** *(Signature and full name and stamp)*
Full name: …… Date:……..…/……..…../……..	Full name: …… Date:……..…/……..…../…….. *(Applied for death claim)*

Postal address: Claims Department - Generali Plaza, 43-45 Tu Xuong, District 3, Ho Chi Minh City, Vietnam