CLAIM FORM

(GROUP INSURANCE)

Insurance card number: ClaimNo:

Policy holder (Company name):

I. PERSONAL INFORMATION

CLAIMANT

Is ☐ Policy Holder ☐ Beneficiary
☐ Insured Member ☐ Legal Heir ☐ Others: ……..……..

Full Name (UPPERCASE):

D.O.B: / / Gender:

Place of birth: Nationality: Occupation:

Tax ID number: Tax Country of Residence:

ID Card/ Passport Number: Date of Issue: / / Place of Issue:

Email (*): Phone Number(*):

Contact Address: Province/City:

(*) Claimant please update the correct phone number and email address to ensure that you receive the full notice from Generali Vietnam.
Claimant's confirmation: I agree to use this phone number, email and address for all communication related to this insurance claim.

INSURED MEMBER (of the insurance benefit settled under this request)

(*)Please complete this field only if the claimant is not the insured member

Full Name (UPPERCASE):

D.O.B: / /

ID Card/ Passport Number: Issue Date: / / Place of Issue:

Phone Number: Email:

Occupation: Workplace:

Contact Address: Province/City:

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II. CLAIM'S INFORMATION

1. CLAIM TYPE:

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

Treatment History *(kindly provide medical records)*

Treatment Place	Examination date/Admission date	Discharge date	Diagnosis
.....	/ /	/ /	.....
.....	/ /	/ /	.....
.....	/ /	/ /	.....

Incurred Amount: ..... VND

2. OTHERS TYPE:

☐ Accidental Death & Disability ☐ Death

Date of insurance event: / /

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

Diagnosis: .....

Notes:
- For requests to be resolved quickly, please provide all documents (hospitalization, examination/treatment, accident, ...), if any, related to the insurance event.

III. PAYMENT INFORMATION (BANK TRANSFER PAYMENT)

According to the regulations on prevention and combat for money laundering, the beneficiary of insurance benefits please provide:

Occupation: Tax ID number:

ID Card/ Passport Number: Tax Country of Residence:

☐ **Transfer to bank account**

Bank Account Name: *(UPPERCASE)*

Bank Account Number:

Bank Name: ☐ Ngoại thương (Vietcombank) ☐ Nông Nghiệp và Phát triển Nông Thôn (Agribank)

☐ Đầu tư và Phát triển (BIDV) ☐ Ngân hàng khác (ghi rõ tên): .....

Branche: ..... Transaction office: ..... Province/City: .....

Notes:

If the account name/recipient is not the beneficiary entitled to insurance benefits in accordance with the Terms and Conditions of the insurance product, please attach a valid power of attorney.

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

☐ Discharge certificate	☐ Invoices	☐ Death Certificate
☐ Surgery certificate	☐ Receipts	☐ Accidental report
☐ Medical book/medical report	☐ Breakdown of charge	☐ Sick leave confirmation/request
☐ Clinical test result	☐ Clinical test requests	

☐ Others: .....

IV. DECLARATION OF INFORMATION AS CIVIL SERVANTS, GOVERNMENT EMPLOYEES/WORKING AT STATE AGENCIES

Please check the appropriate box below (if any):

☐ I or my relatives(*) are civil servants, government employees or working at state agencies

(*) Relatives include fathers, mothers, spouses, children, siblings of the information declarant.

In case the above box is marked, please declare the information on the Supplementary Information Declaration form (For customers who declare information working at state agencies) according to the instructions of Generali Vietnam.

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

Please check the appropriate box below (if any):

☐ I/We are a citizen or lawful long-term resident of the United States

☐ I/We have U.S.-related elements including U.S. place of birth and/or U.S. address and/or U.S. contact number.

☐ I/We have a tax reporting obligation in the U.S.

In the event that the Beneficiary is a U.S. citizen/entity or a person with U.S.-related factors who are obligated to file a tax return under the U.S. Foreign Accounts Tax Compliance Act (FATCA), please enclose the corresponding W9/W8 return as instructed by the Generali (Company) staff.

VI. COMMITMENT AND AGREEMENT

I/We:

1. Hereby certify that the information provided in this claim form and the attached documents is complete, accurate and agree to provide additional supporting documents for assessment upon request by Generali Vietnam.
2. Authorize and consent to Generali Vietnam and its representatives to, in my name and on my behalf, contact and communicate with medical institutions, doctors, healthcare staff, social insurance authorities, other insurance companies, and/or other individuals, agencies, and organizations to obtain and collect (including accessing, reviewing, copying, recording, receiving, and processing) information and documents regarding the health condition; the entire medical history and treatment records (including HIV/AIDS) of the Insured Member or related to the Insured Member; injuries, accidents, and insured events of the Insured Member; participation in insurance and settlement of insurance claims of the Insured Member; and other information and documents related to any insurance contracts that the Insured Member has participated in or is currently participating in
3. Commit to reimburse Generali Vietnam for any payments exceeding the coverage limits or outside the scope of insurance that have been previously paid by Generali Vietnam or have been paid due to my/our failure to fulfill the obligation of information disclosure, resulting in Generali Vietnam's decision to recover the paid insurance benefits.
4. Agree that Generali Vietnam may send notifications and communications regarding insurance contract matters to my/our contact address, phone number, or email.

VII. CONSENT FOR PERSONAL DATA PROCESSING

I/We agree to the content of Generali Vietnam's Personal Data Processing Policy (**) including consent:

(i) Purpose of necessary processing: for Generali Vietnam to enter into and perform an insurance contract with I/Us; perform obligations in accordance with law and at the request of competent state agencies and co-operatives; ý

(ii) Purpose of optional processing: for Generali Vietnam to advertise, introduce products, goods, services and other commercial activities to me/us.

In case of disagreement with the Purpose of Optional Processing, I/We confirm in this box: ☐ Disagree Purpose of Optional Processing.

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

CLAIMANT *(Signature and full name)* Full name: …… Date:……..…/……..…../……..	**COMPANY'S CONFIRMATION** *(Signature and full name and stamp)* Full name: …… Date:……..…/……..…../…….. *(Applied to Death and Total Permanent Disability claim)*