BAOVIET Insurance
BẢO HIỂM BẢO VIỆT

CLAIM FORM
FOR INDIVIDUAL CUSTOMERS

By signing and submitting this Claim Form, the Claimant acknowledges that they fully understand and take responsibility for the information provided.
Please provide complete information.

I. INFORMATION ABOUT THE INSURED PERSON

Insurance Card Number/
Certificate of Insurance Number:

CAPITAL LETTERS, including periods (.) *Example:* H A N . D 1 5 . P A I . 2 3 . H D 1 . 1

Effective from: / / Valid until: / /

Name of the Insured:

CAPITAL LETTERS without diacritics/accent marks, leaving a space between words (Example: NGUYEN VAN A)

Date of Birth: / / ID/Passport Number:

Mobile phone: Email:

Contact Address:

Social Health Insurance Card Number:

II. INFORMATION ABOUT THE INSURANCE EVENT

Date of incident: / / Risk type ☐ Accident ☐ Illness ☐ Death

Treatment type: ☐ Out-patient ☐ In-patient
(Please tick ✓ the appropriate box)

Consultation/Treatment at: Date of Admission: / /

Date of Discharge: / /

Doctor's Diagnosis/Accident Cause:

TOTAL AMOUNT OF CLAIM REQUEST:

III. DETAILS OF THE CLAIMANT (also the BENEFICIARY)

Please skip section III and proceed to section IV if the Claimant is the Insured Person.

Note: The Claimant can only be the Policyholder or the following individuals: a) Beneficiary/designee in the Insurance Contract/Certificate or in the Inheritance Division Document; b) Authorized person: must provide a notarized Power of Attorney or be confirmed by the People's Committee at ward/commune level or equivalent documents; c) Father/mother/legal guardian of the Insured Person under 18 years old: must provide copies of Household Registration Book/Birth Certificate/documents proving the guardianship, or other documents as required by law

Name of the Claimant:

CAPITAL LETTERS according to ID/PASSPORT NUMBER, without accents and with spaces (Example: NGUYEN VAN A)

Date of Birth: / / ID/Passport Number:

Contact Address:

Mobile phone: Email:

Relationship with the Insured Person: ☐ Parents ☐ Child ☐ Spouse ☐ Other, please specify:

IV. INFORMATION ABOUT THE METHOD OF RECEIVING COMPENSATION (Please tick the appropriate box)

☐ Cash at Bao Viet Insurance

Note: only applicable for compensation amount up to 20 million VND
Please present identity documents (ID card, Passport...) for receiving cash.

☐ Bank transfer

Account No:

Name of Beneficiary:

Bank:

Branch:

COMMITMENT:

1. By submitting the complete claim dossier, including declaration and signature on this Claim Form, the Policyholder and all parties involved declare that all information on this Claim Form and claim documents is true. They also agree to take full responsibility for the information provided, as well as to abide by the General Terms and Conditions of Personal Data Protection issued by Bao Viet Insurance, as stipulated at the following link: https://www.baoviet.com.vn/insurance. Furthermore, they grant permission to Bao Viet Insurance and/or their representatives to:
- Access third parties in order to collect necessary information for the claim assessment, including but not limited to contacting the attending physicians of the Insured Person;
- Collect, process, and store personal data within the claim dossier to fulfill the obligations under the Insurance Contract/Certificate and other related tasks as prescribed by law.
2. In case the insurance payment amount is found to be inaccurate concerning the benefits specified in the contract, all parties are entitled and obliged to make supplementary payments or refund the inaccurate payment amount to the remaining parties.
3. The beneficiary shall take full responsibility for any dispute regards beneficiary 's entitlement.

SUPPORTING DOCUMENTS:

☐	Hospital Admission/Discharge form:	____	sheet(s)
☐	Medical Prescription:	____	sheet(s)
☐	Test laboratory, X-ray results:	____	sheet(s)
☐	Operation report:	____	sheet(s)
☐	Breakdown:	____	sheet(s)
☐	Accident report:	____	sheet(s)
☐	Death Certificate:	____	sheet(s)
☐	Other documents:	____	sheet(s)

Date / /

CONFIRMATION OF CLAIMANT
(Signature and full name of the claimant)

For Bao Viet Insurance : Receipt No.