

**I. DETAILS OF INSURED**

Full name:..... Date of birth:...../...../..... ID number:.....  
 Policy holder:.....  
 Certificate/Card No.:..... Coverage period: From...../...../..... To:...../...../.....  
 Address:.....  
 Telephone number:..... Email:.....

**II. MEDICAL INFORMATION**

Date of illness/accident:...../...../..... Treated at:.....  
 Out-patient  In-patient  From:...../...../..... To:...../...../.....  
 Diagnosis of doctor/Cause of accident:  
 .....  
 .....

**III. DETAILS OF CLAIMANT (ALSO THE BENEFICIARY AS WELL)**

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

Full name:..... Date of birth:...../...../..... ID number:.....  
 Address:.....  
 Telephone number:..... Email:.....

**TOTAL ACTUAL EXPENSES:**.....

**IV. METHOD OF PAYMENT (PLEASE TICK X IN THE SELECTED BOXES)**

<input type="checkbox"/> <b>Cash at Bao Viet Insurance</b> <input type="checkbox"/> <b>Transfer service through Post Offices</b> The beneficiary must be the claimant with details stated above	<input type="checkbox"/> <b>Bank transfer</b> Name of Beneficiary:..... Account number:..... ..... ..... ..... ..... ..... ..... Bank:..... Branch:.....
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- Identity card is required if the Claimant gets paid in cash at BaoViet Insurance or uses transfer service through Post Offices  
 - 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 there is another person nominated by the Insured over age 18 to receive the payment, the Receiver 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 Certificate).

**DECLARATION:** The claimant declares that all information provided on this claim form is truthful, complete and correct and is legally responsible for all that information.

The Insured and/or his(her) 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 INCLUDING:** Date ..... (DD/MM/YY)

- Hospital Admission/ Discharge Form:..... sheets;
- Medical Prescription:..... sheets;
- Test Laboratory; X-ray result:..... sheets;
- Operation Report:..... sheets;
- Invoice, receipt:..... sheets;
- Accident Report:..... sheets;
- Death Certificate:..... sheets;
- Other documents:..... sheets;

**TOTAL:**..... **SHEETS;** (Signature and full name of the claimant)