

## PERSONAL SAFETY INSURANCE CLAIM FORM

BAO VIET Issuing Branch: ..... Policy No.: ..... Plan: .....

### General Information

Name of the Insured: ..... ID/Passport: .....

Address: .....

Mobile/Telephone: ..... Email: .....

Name of Proposer (If different from Insured): ..... ID/Passport: .....

Mobile/Telephone: ..... Email: .....

Relationship with the Insured: .....

(Please attach documentary evidence like Birth or Marriage Certificate to show the relationship)

### Claim Details

Date, time and place of accident: .....

Witness of accident (if any) :.....

Cause of accident :.....

Injuries sustained : .....

In case of death, specify the reason :.....

Whether the injured person is or was hospitalized as a consequence of the accident?

Yes  No

If Yes, please state name of hospital and time of hospitalization :.....

Is there any claim about this accident with other insurers?

Yes  No

If Yes, please state name of the insurer and policy no.: .....

Compensation Method:  Cash at BAOVIET  Bank transfer: Name of beneficiary: .....

Account number:.....

Bank: .....

Enclosed documents:

- Record book, treatment bill, discharge bill and other original payment bill (in-patient treatment bill, X-ray bill, medicine bill...)
- Operation bill
- Deceased certificate
- Other related documents

Confirmation of the office or local authority where the accident occurs or the resident area of the Insured

Signature and stamp: ..... Date: ...../...../.....

### Commitment

I hereby commit that the above information is adequate and accurate. I agree that with this Claim Form, I entrust Bao Viet and/or its representative with access to a third party to collect information if it is necessary to deal with the compensation and not limited by doctors who have been treating me.

Signature of Proposer: ..... Date: ...../...../.....