

AIG Vietnam Insurance Company Limited

Head Office: Unit 5-02, 5th Floor, Hanoi Towers, 49 Hai Ba Trung Street, Hoan Kiem District, Hanoi, Vietnam
 HCM Branch Office: Tower 1, 9th Floor, Saigon Center, 65 Le Loi Street, Ben Nghe Ward, District 1, HCMC, Vietnam
 Contact Center Hotline: **1800 6789** | Email: yncustomer@aic.com | Website: www.aig.com.vn

**2c. Contact information (if any) of:** third party witness

Full name: Phone number:
 Address: Email:

2d. Treatment Information:

Place of treatment:
 Date of examination/ hospitalization:
 Date of discharge:
 Diagnoses:
 Address of place of treatment:
 Tel: Fax: Email:

2e. Permanent Disability:

Date disability is confirmed:
 Type of permanent disability:
 Name, address and contact numbers of attending doctors:

2f. Accidental Death:

Date of Death: Time:
 Cause of Death:
 Has autopsy service done? Yes No
 If not, please provide reason:
 Name of Beneficiary:
 Claim Amount: Relationship with Deceased:
 Contact Address of Beneficiary:
 Tel: Fax: Email:

3. DETAILS OF CLAIM AMOUNT:

No	Invoice No	Amount	Attached Documents	
			<input type="checkbox"/> Discharge Document	<input type="checkbox"/> Invoice/Bill/Receipt
			<input type="checkbox"/> Surgery Certificate	<input type="checkbox"/> Death Certificate
			<input type="checkbox"/> Medical Report	<input type="checkbox"/> Police Report
			<input type="checkbox"/> Medical book	<input type="checkbox"/> Photo taken at scene
			<input type="checkbox"/> Doctor's recommendation letter to do additional test, ultrasound, etc.	<input type="checkbox"/> Driving license + Motorbike/Car Registration
			<input type="checkbox"/> Test/Ultrasound/X-ray result	<input type="checkbox"/> ID/Passport
			<input type="checkbox"/> Prescription	<input type="checkbox"/> Other documents
Total				

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4. PAYMENT DETAILS:

TOTAL CLAIM AMOUNT	<input type="checkbox"/> Cash (amount under 20 mil VND) Indemnity in cash method will be handled by ABBANK with following address: ABBANK - Dan Sinh Branch, 167 Ky Con St., Co Giang W., Dist. 1, HCMC ABBANK - Ho Guom Branch, 30 Ly Thai To St., Hoan Kiem Dist., Ha Noi
Please select your payment method:	<input type="checkbox"/> Bank transfer (<i>Please transfer indemnity to following account</i>) Beneficiary name: Account number (VND): Bank name: Swift code or IBAN: Bank Address:

Note: Please be noted that if the beneficiary is not the claimant, this claim form will be considered as the authorized letter for claim payment receipt from the claimant to the beneficiary. In this case, please provide us any proof of relationship (birth certificate, marriage certificate, registration book ...).

5. DECLARATION AND AUTHORIZATION

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish upon request to AIG Vietnam, or its authorized representative, any or all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

We/I agree, and if We/I am submitting information relating to another individual, We/I represent and warrant that We/I have the authority to provide that information to AIG and the individual agrees, that AIG may collect, use and process our/my/his/her personal information (whether obtained in herein or otherwise obtained) and disclose such information to the following: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the following purposes:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;*
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;*
- (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;*
- (d) Managing AIG's infrastructure and business operations;*
- (e) Carrying out market research and analysis and satisfaction surveys; and*
- (f) Contact us/me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.*

Name and signature of claimant

Confirmation of policy holder/ Company