# Group Insurance Claim Form

中意人寿 GENERALI CHINA

Policy Number：_____ Policyholder：_____

**Part One：The Applicant information**

Applicant's name：_____ Gnbder:_____ Nationality:_____ ID Type:_____

ID Number：□□□□□□□□□□□□□□□□□□ Validity Of ID：_____

Current Occupation:_____ Contact number：_____ Residence Address:_____

**Part Two：The Insured information(If the insured is the applicant, you do not need to fill in this column)**

The Insured's name_____ Gender:_____ Nationality:_____ Residence Address:_____

relationship with insured: ☐ employee ☐ spouse ☐ parents/children ☐ children of dual working couple ☐guardian (Please specify）

ID Number:□□□□□□□□□□□□□□□□□□ ID Type:_____ Validity Of ID：_____

Current Occupation:_____ Contact number：_____

**Part Three: Authorization of Insured: If the insured is adult and the benefits have been transferred to the applicant's account,the following contents must be completed and confirmed.**

I authorize Generali China Life to transfer the benefits to the designated bank account upon applicant's information.

Signature of insured: Date: Year Month Day

**Part Four： For Sickness / Accidents (outpatient or inpatient)**

Classification of expenses: 1-outpatient；2-inpatient；3-maternity；4-physical examination；5-others

| Date | Classification | Cause of illnesses | Hospital name | Number of official invoices | Other proof/documents | Incurred expenses |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Invoice quantity : Invoice amount: outpatient: ￥ inpatient: ￥ maternity: ￥

**Part Five: For Dread Disease or Disability**

Diagnosis： Degree of Disability：

Date of first diagnosis： Date of further diagnosis： Hospital：

Date of admission： Year Month Day Date of discharge from hospital： Year Month Day

**Part Six: For Death or Total disability**

Date of death： Year Month Day Cause of death:

Date of Total disability： Year Month Day Cause of Total disability:

## Anti-insurance Fraud Tips

**The best faith is the basic principle of insurance contract. Insurance fraud will bear the following responsibilities:**

**【Civil Responsibility】** If the applicant, the insured or the beneficiary, following the occurrence of an insured event, provides forged and altered relevant evidence, information or other proofs, falsifies the cause of the occurrence of the insured event or overstates the extent of the loss, then the insurer shall bear no obligation for indemnity or payment of the insurance benefits for the portion which is falsified or overstated.

**【Criminal Responsibility】** Any of the following persons who commit insurance fraud in any of the following ways shall, if the amount involved is relatively large, be sentenced to fixed-term imprisonment of not more than five years or criminal detention and shall also be fined not less than 10,000 yuan but not more than 100,000 yuan.

**【Administrative Responsibility】** Those who engage in insurance fraud activities that do not constitute a crime will be subjected to administrative penalties of detention for less than 15 days and fines of less than 5,000 yuan; those who intentionally provide false proof documents and provide clauses for other people's fraud will also be subject to corresponding administrative penalties.

## Declaration and Authorization

1. I hereby declare that all above information is provided by myself;
2. I hereby declare that nothing material has been withheld and all the information given herein is true;
3. I authorized that any doctors, hospitals, clinics, insurance companies, police institutes and any public or private organizations reserve the right to submit relevant information, report or document of insured to the Company and its representative at any time. The copy of this authorization is valid as the original one.
4. I hereby agree that any personal information can be used by the Company for the purpose of insurance, reinsurance, data processing and statistics etc
5. I understand that any successful transfer of claim reimbursement from the Company to the designated bank shall be deemed as the payment has been delivered.

**Please double check all above information before signing**

_____ _____ _____ _____

**Policyholder Chop** **Signature of insured** **Signature of joint applicant** **Date**

**(If the insured is a minor, please ask for his/her guardian to sign)**

Claim document reference table

| Application item | Documents supposed to provide | Application item | Documents supposed to provide |
|---|---|---|---|
| Inpatient | 1.Certification of Policyholder<br>2.Claim application form<br>3.Identification of insured<br>4. Case history, diagnose certificate, and hospital discharge certificate.<br>5.Inpatient receipt and expenses list | Dread Disease | 1.Certification of Policyholder<br>2.Claim application form<br>3.Identification of insured<br>4.Case history, diagnose certificate, hospital discharge certificate (Inpatient treatment)<br>5.Test report related pathology, blood and image etc. |
| Outpatient/emergency | 1.Certification of Policyholder<br>2.Claim application form<br>3.Identification of insured<br>4.Case history, diagnose certificate<br>5.Receipt, prescription and test report of outpatient/emergency<br>6.Proof of accident(Receiving treatment is caused by accident) | Disability | 1.Certification of Policyholder<br>2.Claim application form<br>3.Identification of insured<br>4. Case history, diagnose certificate, hospital discharge certificate (Inpatient treatment)<br>5.Appraisal report of disability<br>6.Proof of accident(disability is caused by accident) |
| Accidental Medical treatment | 1. Certification of Policyholder<br>2. Claim application form<br>3. Identification of insured<br>4. Proof of accident<br>5. Case history, diagnose certificate<br>6.Receipt, prescription and test report of outpatient/emergency<br>7.Inpatient receipt、expenses list Inpatient treatment) | Death | 1. Certification of Policyholder<br>2. Claim application form<br>3.Identification of insured, beneficiary and heir<br>4.Case history, proof of death, proof of cancellation of registered permanent residence and proof of burial.<br>5.Relationship proof of beneficiary, heir and insured; legal document of inheritance(beneficiary is not designated)<br>6. Proof of accident(death is caused by accident) |
| Hospital Income | 1. Certification of Policyholder<br>2. Claim application form<br>3. Identification of insured<br>4. Case history, proof of sick leave provided by hospital and working organization<br>5. The copy of Inpatient receipt、expenses list | | |

## Claim document explanation:

1. The claimant is required to provide proof of accident and illustration of accidental process if insurance event is caused by accident. In the event of traffic accident, please provide the original copy of “road traffic accident responsibility confirmation note” issued by traffic administrative department and provide valid driving license and vehicle driving license. In the event of public safety accident caused by assault, please provide the original copy of police report note. In the event of occupational injury, please provide the original report on treatment of occupational injury.
2. In the event that the insured or the beneficiary is a minor or a person incapable of civil acts, his/her guardian can apply for claim. When applying for claim, the guardian is required to provide not only the identification of insured and beneficiary, but the identification of guardian and the proof of valid guardianship as well.
3. In the event that the beneficiary of death benefits is not the designated one, he/she is also required to provide relationship proof of beneficiary, heir and insured, such as registered permanent residence booklet, marriage certificate, birth certificate and only-child certificate and so on; if certain special situations are required to confirmed such as the confirmation of valid inheritor, the beneficiary is also required to provide relevant written judgment, notarial deed, inheritor agreement and other legal documents.
4. Original receipt of medical expenses should be issued by hospital where insured received treatment and supervised by financial & tax department of government.
5. If original receipt of medical expenses can not be provided because the claimant has been reimbursed by other organization, please provide reimbursement certificate, the original split list of medical expenses and the copy of medical expenses receipt issued by that organization.
6. Valid ID identification: it refers to the certificate or document that can prove your identity and that is issued by authorized organization according to legal regulations, such as Identity card, registered permanent residence booklet, passport, soldier certificate and residence card etc.
7. In the event of suffering from insurance event overseas, the claimant is required to provide original certificate/proof issued by local valid organization, gain admission by valid notary organization and local China embassy and translate into Chinese by valid translation organization

after back to China. (Above related expenses are borne by claimant)

8. The documents contained in above table are merely the basic claim documents required to provide. In the event of finding other issues during the assessment of claim, the Company will require the claimant to provide other relevant information.

Warm tip:

1. After insurance event occurred, please inform us as soon as possible, keep all relevant receipt and documents and submit them to us as promptly. Otherwise, the claimant may bear relevant loss caused by the delay.
2. Please receive treatment at hospitals specified in the contract.
3. Please bind up your medical receipts according to the sequence of time and you had better avoid binding them in the way of paste so that your medical expenses can not be omitted and can be calculated correctly.
4. In order to ensure the completion of claim in time, the agency or the clients should give a full feedback to the notice sent by claim center or settle it down as soon as possible, and sign it by self after receiving the notice. If physical check up is required, the insured should make it promptly. Other relevant notes please refer to the check up regulation of health care center.
5. If you never designate a bank account in our company, please provide the "letter of authorization of bank automatic transfer & withdrawal" that contains information on the authorized account and provide the copy of transfer bankbook or bank card. (This copy should clearly show the information of account, such as bank name, name of the province and city where this account opened, name of account and account number)

**Note: If you need to know more detailed information, you can login in our official webpage: http://www.generalichina.com HYPERLINK "http://www.generalichina.com"**