

Group Insurance Claim Form



Policyholder: _____ If the application amount exceeds RMB ¥10,000 or US \$ 1,000, the items marked “*” must be filled in.

Part One: The Applicant information

*Applicant's name: _____ *Gender: _____ *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 by the applicant/insured.
 Signature of insured/guardian: _____ Date: _____

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: ¥ others: ¥

Part Five: For Dread Disease or Disability

Diagnosis: _____ Degree of Disability: _____
 Date of first diagnosis: _____ Date of further diagnosis: _____ Hospital: _____
 Date of admission: _____ Date of discharge from hospital: _____

Part Six: For Death or Total disability

Date of death: _____ Cause of death: _____
 Date of Total disability: _____ 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.

Authorization to use personal information

For the purpose of claim settlement, I authorize GCL as follows:

Sensitive personal information:

I authorize GCL to collect my sensitive personal information from myself or necessary partners during claim settlement stage and policy valid duration. GCL has the right to carry out processing activities on my sensitive personal information collected for the purpose of claims settlement.

Sensitive personal information includes but not limited to: personal biometrics, medical health, financial account, etc., as well as personal information of minors under the age of 14.

Processing activities include storage, using, processing, transmission, providing and deletion of the collected personal information.

Non-sensitive personal information:

I authorize GCL to collect my non-sensitive personal information from myself or necessary partners during claim settlement stage and policy valid duration. GCL has the right to carry out processing activities on my non-sensitive personal information collected for the purpose of claims settlement.

Non-sensitive personal information refers to other information except the sensitive personal information listed above, including but not limited to: name, gender, nationality, etc.

Processing activities include storage, using, processing, transmission, providing and deletion of the collected personal information.

Necessary partners refer to: administrative judicial organs, public security departments, forensic Identification Institute, the CBRC and its subordinate institutions, medical institutions, physical examination institution, social medical insurance institutions, banks, China Post and other logistics companies, law firms, insurance assessment companies, units and persons related to insurance accidents, China Banking and Insurance Information Technology Management Co., Ltd. Shanghai Yuan Xin Huibao Network Technology Co., Ltd., Europe Assistance, Generali Employee Benefits, China Life Reinsurance Co., Ltd., Hanover Reinsurance Co., Ltd. Shanghai Branch, Taiping Reinsurance (China) Co., Ltd., German General Reinsurance Co., Ltd. Shanghai Branch, American Reinsurance Co., Ltd. Shanghai Branch, Dingrui Reinsurance Co., Ltd., etc.

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 2.Claim application form 3.Identification of insured 4. Case history, diagnose certificate, and hospital discharge certificate. 5.Inpatient receipt and expenses list	Dread Disease	1.Certification of Policyholder 2.Claim application form 3.Identification of insured 4.Case history, diagnose certificate, hospital discharge certificate (Inpatient treatment) 5.Test report related pathology, blood and image etc.
Outpatient/emergency	1.Certification of Policyholder 2.Claim application form 3.Identification of insured 4.Case history, diagnose certificate 5.Receipt, prescription and test report of outpatient/emergency 6.Proof of accident(Receiving treatment is caused by accident)	Disability	1.Certification of Policyholder 2.Claim application form 3.Identification of insured 4. Case history, diagnose certificate, hospital discharge certificate (Inpatient treatment) 5.Appraisal report of disability 6.Proof of accident(disability is caused by accident)
Accidental Medical treatment	1. Certification of Policyholder 2. Claim application form 3. Identification of insured 4. Proof of accident 5. Case history, diagnose certificate 6.Receipt, prescription and test report of outpatient/emergency 7.Inpatient receipt、expenses list Inpatient treatment)	Death	1. Certification of Policyholder 2. Claim application form 3.Identification of insured, beneficiary and heir 4.Case history, proof of death, proof of cancellation of registered permanent residence and proof of burial. 5.Relationship proof of beneficiary, heir and insured; legal document of inheritance (beneficiary is not designated) 6. Proof of accident(death is caused by accident)

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

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