

BAOVIET Issuing Branch: **Policy No.:**

General Information

Name of Proposer: **ID No:**

Address:

Telephone No.: **Email:**

Name of the Insured (if different from Proposer): **ID No:**

Date of Departure:/...../..... **Date of Return:**/...../..... **Destination:**

Claim Details

Note: depending on the nature of your claim, we may require additional information from you.

Date of Loss:/...../..... **Location of Loss:**

Circumstances of loss (please provide specific details of the theft, loss, sickness or injury etc)

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Details of items lost /expenses incurred /accident or sickness sustained (please provide supporting documentation for the amount being claimed. You can refer to the Policy wording for the specific information required for each type of claim)

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Amount being claimed: _____ (please provide supporting documentation)

Preferred payment method: **Cash** **Credit Bank Account – Bank Name:**

Account No:

Declaration

I declare to the best of my knowledge and belief that the details and particulars provided on this form are true and accurate. I give my consent for any information to be provided by any parties sought to substantiate or clarify any element of my claim. I understand that in the event of any misrepresentation of the facts, non-declaration of a material fact or a fraudulent claim that my policy will be cancelled without refund of premium.

Signature of Proposer

Date...../...../.....