

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



CLAIM FORM PERSONAL ACCIDENT & PROPERTY DAMAGE GOJEK

1. CONTACT INFORMATION:

Name of Group Policy holder:

☐ Gojek Policy Number: 0200038666☐ Voluntary Policy Number: 0200039000

Address of Policy holder: 19th floor, Pearl Plaza tower, 561A Dien Bien Phu Street, Ward 25, Binh Thanh District, HCM City

Tel: 1900633925 / 1900636252

Fax: Email: vnemergency@gojek.com**Driver/Rider Information:**

Full name: D.O.B.: Nationality:

ID No/Passport No: SSN (if American Citizen):

Mobile number: Email:

Address:

Passenger Information:

Full name: D.O.B.: Nationality:

ID No/Passport No: SSN (if American Citizen):

Mobile number: Email:

Address:

Insured is: ☐ Gojek Rider ☐ Go Car Driver ☐ PassengerBroker Name: Marsh Vietnam Insurance Broking Company Ltd. **Tel: 028 6288 2344** Email: Claims.VNGojek@marsh.com*Note: Please provide your phone number and email address to receive notification about your claim status.**Please let us know if you do not agree to provide details of your claim documents to your agent/broker.***2. CLAIM DECLARATION****Please mark 'X' in applicable box:****2a. Claim Benefits:**☐ **Loss of or Damage of Personal Property** (only apply for Gojek Rider) ☐ Helmet ☐ Jacket ☐ Food bag☐ **Accidental Medical Reimbursement** ☐ **Accidental Death** ☐ **Permanent Disability****2b. Details of trip and incident:** (Please provide all related medical)

Trip ID: Registered Plate No: Job acceptance time:

Passenger/Parcel/Food pick-up commencement time: Completion of trip time:

Time of accident: hour, day month year at:

City/Province:

How did the accident happen? (Describe fully)

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Police Report: ☐ Yes ☐ No, please provide reason:Photo taken at scene: ☐ Yes ☐ No, please provide reason:Other insurance covering this accident: ☐ Yes, please provide name: ☐ No

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**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	
			☐ Discharge Document	☐ Invoice/Bill/Receipt
			☐ Surgery Certificate	☐ Death Certificate
			☐ Medical Report	☐ Police Report
			☐ Medical book	☐ Photo taken at scene
			☐ Doctor's recommendation letter to do additional test, ultrasound, etc.	☐ Driving license + Motorbike/Car Registration
			☐ Test/Ultrasound/X-ray result	☐ ID/Passport
			☐ Prescription	☐ Other documents
Total				

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**4. PAYMENT DETAILS:**

TOTAL CLAIM AMOUNT	☐ 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:	☐ Bank transfer (Please transfer indemnity to following account) 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**