

Group Insurance Claim Form



Policyholder: _____

If the application amount more than RMB ¥50,000 or US \$ 10,000, the items marked "*" must be filled in.

Part One: The Applicant information

*Applicant's name: _____ *ID Type: _____ *Contact number: _____

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

Residence Address: _____ Current Occupation: _____ Gender: _____ Nationality: _____

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

*The Insured's name _____ *ID Type: _____ *Contact number: _____

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

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

Current Occupation: _____ Residence Address: _____ Gender: _____ Nationality: _____

Part Three: 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 Four: 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 Five: 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

- I hereby declare that all above information is provided by myself;
- I hereby declare that nothing material has been withheld and all the information given herein is true;
- 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.
- I hereby agree that any personal information can be used by the Company for the purpose of insurance, reinsurance, data processing and statistics etc
- 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 NFRA 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, Hanover Reinsurance Co., Ltd. Shanghai Branch, Taiping Reinsurance (China) Co., Ltd., German General Reinsurance Co., Ltd. Shanghai Branch, American Reinsurance Co., Ltd. Shanghai Branch, etc.

Authorization of Insured

I authorize GCL to transfer the compensation payment for this time into the bank account designated by the applicant or the employee in your company.

Customer Remarks

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)