Group Insurance Claim Form

Part One: The Applicant information



If the application amount exceeds RMB \pm 10,000 or US \$ 1,000, the items marked "*" must be filled in.

*Applicant's name	:	*G	ender:	*Nationality:	*ID Type:		
*ID Number:				*Validity Of ID:			
*Current Occupation	on:	*Contact number:		*Residence Address:			
*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 nan	ne	*Gender:	*Nationali	ty: *Residen	ce Address:		
relationship with ir	nsured: 🗆 en	mployee \square spouse \square p	arents/children	children of dual working cou	uple □guardian (Please	specify)	
*ID Number: 🗆 🗆 🛭			ID Type:	*Validity Of ID:			
*Current Occupation	on:	*Contact number:					
Part Three: Auth	orization of	Insured: If the insured is	adult and the be	nefits have been transferr	ed to the applicant's ac	count, the following	
contents must b	e completed	and confirmed.					
I authorize Gene	rali China Life	e to transfer the benefits	to the designated	d bank account by the appli	cant/insured.		
		Si	gnature of insure	d/guardian:	Date:		
Part Four: For	r Sickness / A	Accidents (outpatient or i	inpatient)				
Classification of ex	kpenses: 1-ou	utpatient; 2-inpatient; 3-n	naternity; 4-physic	al examination; 5-others			
				Number of official invoices			
Invoice quantity :		nvoice amount: outpatient:		atient: ¥ mater	nity: ¥ others:		
invoice quantity.	ı	nvoice amount. outpatient.	± 111p	atient. + mater	mity. # Others.	•	
Part Five: For Dr	ead Disease	or Disability					
Diagnosis:		Degree of Dis	sability:				
Date of first diagno	osis:	Date of furth	er diagnosis:	Hos	spital:		
Date of admission: Date of discharge from hospital:							
Part Six: For Dea	th or Total d	lisability					
Date of death: Cause of death:							
Date of Total disab	ility:	Cause of Total di	sability:				
			Anti-insurar	nce Fraud Tips			
The best faith is the	e basic princip	le of insurance contract. Insu	urance fraud will be	ear the following responsibilitie	s:		
【Civil Responsibil	ity] If the appl	licant, the insured or the ber	neficiary, following t	the occurrence of an insured e	vent, provides forged and a	ltered relevant evidence,	
information or oth	er proofs, falsi	fies the cause of the occurre	ence of the insured	event or overstates the extent	of the loss, then the insure	r shall bear no obligation	
for indemnity or pa	ayment of the	insurance benefits for the po	ortion which is falsi	fied or overstated.			
Criminal Respon	sibility 】Any o	of the following persons who	commit insurance	fraud in any of the following w	ays shall, if the amount inv	olved 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, religious belief, specific identity, medical health, financial account, whereabouts, 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 m	inor, please ask for his/	her guardian to sign)				

Claim document reference table

Application item	ication item Documents supposed to provide		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)		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 "http://www.generalichina.com"