

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 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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