International Healthcare Plans for China

Claim Form

Please complete this form in **BLOCK CAPITALS.** For your convenience, this form is also available on our website: www.allianz.cn/en/products/individualhealthcare or www.allianz.cn/en/products/healthcare

If you are claiming for more than CNY10,000, please attach a copy of the patient's ID document.
We do not require the original FaPiao for claims less than CNY 3,000.

1 Policyholder's details

Policy number

Surname

First name

Date of birth Y Y Y Y / M M / D D

Latest correspondence address

Telephone number COUNTRY CODE AREA CODE

Email

2 Patient's details (if different from the policyholder's)

Surname

First name

Date of birth Y Y Y Y / M M / D D Gender: Male ☐ Female ☐

3 Payment details

Option 1: Payment to medical provider* (e.g. hospital, specialist) ☐ (the bank details requested below are not required if you select this option)

Option 2: Payment to the insured person ☐

If you are a **Chinese national** or **if you received treatment inside China**, you can be reimbursed only in CNY into a CNY bank account in China. However, **if you are a non-Chinese national who received treatment outside of China** and **your bank account is not in China**, you can select the currency you want to be paid in:

Your reimbursement will be paid by **bank transfer** – please provide your bank account details below:

Name of bank account holder exactly as shown on your bank statement

Account number

Bank name

Bank address

If your bank is not based in China, please also provide the following details:

IBAN (where required)**

Sort/branch code BIC/Swift code**

If you are aware of any additional information required in order to process international transactions within your country (e.g. Agency Code, Tax ID), please list below:

Swift code of intermediary bank (where applicable)

* *If you have not already paid the medical provider.*

** *If your bank is **within the EU, or if your specific country requires an IBAN (e.g. Qatar, Saudi Arabia, Angola, Tunisia, Turkey)**, please supply **both** your IBAN and BIC/Swift code to facilitate the payment of your claim.*

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4 Claim details

Please complete all parts of the following table with the details of each FaPiao/invoice/receipt, making sure to include the amount charged. Please note that for costs incurred in China, an original FaPiao/invoice/receipt needs to be submitted with all claims exceeding total value of CNY3,000. If your FaPiao/invoice/receipt does not include the diagnosis/medical condition, please ensure that you provide us with this information below. If there is insufficient space in the table below, please provide details on a separate page.

Description of expense/treatment	Diagnosis/medical condition	Provider's name	Amount charged/ currency	Has this bill been paid by you?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

In what country (and province, if in China) did the treatment take place?

If this claim is resulting from an accident or work-related illness/injury and you hold any other insurance policy (e.g. car insurance) or if you are filing a claim or lawsuit against a third party to recover the costs incurred as a result of this accident/injury, please provide details in a separate document.

Sections 5 and 6 are to be completed by the treating doctor unless detailed in the supporting documentation (e.g. FaPiao, receipts or invoices).

5 Medical provider's details

Name of doctor/specialist

Qualifications/credentials

Name of hospital/clinic

Address

Telephone number COUNTRY CODE AREA CODE

Fax COUNTRY CODE AREA CODE

Email

Applicable to **physiotherapy/psychotherapy** claims only. Please provide full referral details:

Name of referring physician

Telephone number COUNTRY CODE AREA CODE

Date of referral Y Y Y Y / M M / D D

6 Medical details

Indicate type of condition: Acute ☐ Chronic ☐ Acute episode of chronic ☐

Please provide full details of the symptoms/medical condition requiring treatment, including ICD9/10 code/DSM-IV

On what date did the patient first **present** these symptoms **to you**? Y Y Y Y / M M / D D

On what date would the first onset of symptoms have been **apparent to the patient**? Y Y Y Y / M M / D D

Has the patient suffered from this condition previously? Yes ☐ No ☐ If yes, when? Y Y Y Y / M M / D D

Are you aware of any treatment given for this or any related illness in the past? Yes ☐ No ☐

If yes, please provide details

Is it likely to re-occur? Yes ☐ No ☐

Does it need rehabilitation? Yes ☐ No ☐

Is it permanent? Yes ☐ No ☐

Does it need long term monitoring, consultations, check ups, examinations or tests? Yes ☐ No ☐

Applicable to cases of pregnancy only:

Estimated date of delivery Y Y Y Y / M M / D D

Is birth of a single baby expected? Yes ☐ No ☐

If you answered **no** to the question above and twins/multiple babies are expected, is the pregnancy a result of medically assisted reproduction other than artificial insemination?

Yes ☐ No ☐

If yes, please provide further details

Applicable to dental treatment claims only:

Was the patient suffering from dental pain at the time he/she visited you for treatment? Yes ☐ No ☐

Please sign and authenticate with an official stamp.

Official stamp of medical provider

Doctor's signature

Date Y Y Y Y / M M / D D

7 Data Protection and release of medical records

References to information includes personal information given by you to us, in your Application, Claim or Treatment Guarantee Form and/or supporting documents/information we collect in connection with products or services we provide.

Uses: Personal information may be used for insurance administration (e.g. underwriting, claims handling, fraud prevention). We may use third parties to process data on our behalf. Such processing, which may take place outside China, is subject to contractual restrictions regarding confidentiality and security in line with Data Protection obligations.

Sensitive data: We need to collect sensitive data relating to you (e.g. health details), to assess insurance terms and/or to administer claims.

Disclosure: We may share your information with our agents, members of the Allianz Group, third party administrators and their agents, service providers, any intermediary acting on your behalf or governing/regulatory bodies (by which we are governed). In certain circumstances, we may investigate a claim you have submitted.

Retention: We will retain your data only for the period of time that is needed for the purposes for which it was obtained or for the period of time required by law and regulation (whichever is longer).

Representation and consent: By signing this form, you confirm that you have the authority to act on behalf of your dependants in respect of all personal information you provide to us, and that you consent to the disclosure, processing, usage and retention of this information in relation to yourself and on behalf of your dependants.

Access: You have the right to request and receive a copy of your personal data held by us. If you wish to do this, please write to the address provided on this form or to the following email address: client.services@allianzhealth.cn.

Call recording: Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.

(Continued overleaf)

7 Data Protection and release of medical records (continued)

Important information – please find below the applicable anti-fraud regulations dictated by the Chinese insurance laws:

As a Chinese insurer, Allianz China General Insurance Company Ltd. is legally obliged to inform you about the consequences of committing a fraudulent act against your insurer. Fraudulent acts include incorrect disclosure/non-disclosure of any material facts, providing false information in order to claim for a treatment that never took place or using forged proof/means/devices in order to exaggerate the loss for more than entitled under your policy. The Chinese laws applicable to fraudulent insurance cases are provided below:

Criminal Law: An applicant, insured person or beneficiary who is guilty of committing insurance fraud shall be sentenced to fixed-term imprisonment for a maximum of 10 years, and concurrently be sentenced to a fine or confiscation of property. Any appraiser, assessor or attester, who deliberately provides false certification documents, thus providing conditions for the applicant, insured person or beneficiary to carry out insurance fraud, shall be charged as an accomplice of insurance fraud (see Article 198 of the Criminal Law of the People's Republic of China).

Administrative Law: An applicant, insured person or a beneficiary who commits an insurance fraud act (which does not constitute a crime) shall face a detention of maximum 15 days or a maximum fine of 5,000 Yuan. Any appraiser, assessor or attester who deliberately provides false certification documents, thus providing conditions for the applicant / the insured person / beneficiary to carry out insurance fraud, shall be charged accordingly (see Article 16 and Article 21 of the "Decision of the Standing Committee of the National People's Congress on Punishment of the Crimes of Undermining the Financial Order").

Civil Law: If the applicant fails, due to intention or gross negligence, to perform his/her obligation of making a full and accurate disclosure, or the applicant / insured person intentionally causes the occurrence of an insured event, the insurer has no obligation to make any indemnity or payment of insurance benefit. If the applicant / the insured person / beneficiary, following the occurrence of an insured event, provides forged or altered relevant evidence, information or other proofs or falsifies the cause of the occurrence of the insured event or overstates the extent of the loss, the insurer has no obligation for indemnity or to make payment of the insurance benefit for the portion which is falsified or overstated (see Article 16 and Article 27 of the Insurance Law of the People's Republic of China).

I certify that to the best of my knowledge, this Claim Form does not contain any false, misleading or incomplete information. I understand that in the event that this claim is found to be fraudulent, in whole or in part the contract will be cancelled from the date of discovery of the fraudulent event and the above measures may apply.

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorise my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information relating to me, if requested by Allianz China General Insurance Company Ltd., its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

I authorise Allianz China General Insurance Company Ltd. or their appointed representatives to transfer my reimbursement to the bank account indicated in section 3, even if this is not my own bank account.

If a minor was treated, a parent or guardian should sign and date this section.

Patient's signature _____ Date Y Y Y Y / M M / D D

8 Third Party Authorisation

As the claimant, I hereby authorise _____ (INSERT NAME OF THIRD PARTY)
to act on my behalf and any dependants named on this form (where applicable), in relation to the administration of this claim, which may include the disclosure of sensitive medical information.

If a minor was treated, a parent or guardian should sign and date this section.

Patient's signature _____

Patient's printed name _____

Date Y Y Y Y / M M / D D

Please send your fully completed Claim Form(s) with original invoices/receipts/ FaPiaos (where required) attached (credit card slips cannot be accepted) as follows:

By email to: claims@allianzhealth.cn
By fax to: (+ 86) 21 60424688
By post to: Healthcare Team, Allianz China General Insurance Company Ltd., Shanghai Branch, Unit A22, 28F Shanghai World Financial Center, 100 Century Avenue, Pudong New Area, Shanghai 200120, People's Republic of China.

It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for auditing purposes. We also reserve the right to request a proof of payment by you (e.g. bank or credit card statement) in respect of your medical receipts. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.

Important - please check the following:

- ☐ All original FaPiaos, receipts, invoices and prescriptions are attached.
- ☐ The Claim Form is completed in full.
- ☐ The declarations are signed and dated.
- ☐ The diagnosis has been confirmed and is either stated on the Claim Form or on the invoice(s).
- ☐ If you have changed your contact details, please let us know on the Claim Form.

If you have any queries please contact our Helpline on 4008866014 (if you call from China), (+ 86) 21 60424601 (if you call from outside China), or email: client.services@allianzhealth.cn

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Allianz China General Insurance Company Ltd. is the insurer and the inside mainland China administrator of this policy. The company is registered in China and regulated by the China Insurance Regulatory Commission. Registered Office: Unit 01-05, 11 & 12, 34th Floor, Main Tower, Guangzhou International Finance Center, 5 Zhujiang Xilu, Tianhe District, Guangzhou, Guangdong, P.R. China. Registered No.: 914400005517258765.

AWP Health & Life SA, acting through its Irish Branch, is engaged by the insurer for the administration of the insurance policy outside mainland China. AWP Health & Life SA is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Nanterre. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Worldwide Care is a registered business name of AWP Health & Life SA.