

INSURANCE CLAIM GUIDELINES – PTI

No.	Document Name	Detail	Requirements
1. OUT-PATIENT TREATMENT			
1.1	Claim form		<ul style="list-style-type: none"> • Personal information: full name of the insured, date of birth, code of insurance contract/certificate, name of policyholder/ company. • Contact information: mobile phone number, email. • Bank account information of the insured/legal beneficiary: name of bank, name of account holder, account number. • Signature and full name of the insured, or of the representative (in case of the insured under age of 18) • Signature and stamp of the policyholder representative (not applied if this requirement exemption stated in the insurance contract)
1.2	Medical document		
1.2.1		Prescription form or Medical Examination book:	<p>1. Including fully information:</p> <ul style="list-style-type: none"> • Name of medical facility; • Date of medical consulting and treatment; • Full name of the insured; • Age or birthday of the insured; • Information on personal identification number, the patient's citizen ID or passport number (if any). • Information on the patient's place of residence. • Diagnosis or conclusion by doctor; • Signature and full name of attending doctor; • Fully information such as: quantity and name of medicine including usage. <p>2. Prescription stamped including information of the medical facility</p> <p>For the prescription printed out from state hospital's management system including barcode, medical code: stamp of medical facility is not required</p> <p><i>Note:</i></p> <ul style="list-style-type: none"> * In case of the correction or adjustment in the prescription needed, the prescriber shall provide a new prescription replaced for the old one. * Time period of purchasing medicine: instructed in the prescription by the doctor; the insured/representative for the insured is responsible for receiving medicine within 05 days since the prescribed date.

1.2.2		Indication and result of preclinical	<p>1. Including fully information:</p> <ul style="list-style-type: none"> • Name of medical facility; • Date of medical consulting and treatment; • Full name of the insured; • Age/birthday; • Signature of attending doctor; • Full name of attending doctor <p>2. Preclinical indication form:</p> <ul style="list-style-type: none"> • Proper preclinical indication related directly to diagnosed disease and treatment proceeded in the same medical facility. For preclinical expense below 1,000,000VND: Indication is not required. • Otherwise, the indication needed. <p><i>* Preclinical: Tests, functional probe, imaging diagnostic (ultrasonic, X-ray, endoscopy,...)</i></p>
1.2.3		In case of the treatment done for several days such as: physical therapy, acupuncture, throat steam, sinus wash, preparing medication,...	<p>1. Treatment indication by doctor stated in the medical examination book/prescription/Follow -up form/Form of physiotherapy - rehabilitation;</p> <p>2. Note: Information of the first and last treatment dates, times of treatment are needed.</p> <p>3. Treatment follow-up form: Treatment date recorded, including signature by attending doctor and medical facility stamp.</p>
1.3	Payment document	Value Added Tax invoice	<p>Including fully information:</p> <ul style="list-style-type: none"> • Type, code, form number code of invoice • Invoice number; • Name, address, tax code of the service/item provider; • Full name and address of the insured; • Specific amount for each service (if the amount in the invoice is gross, the breakdown list is required); • Eligible signature of the service/item provider; • Value Added Tax rate shown in the invoice is applied for respective items/services of each type. <p>Note:</p> <ul style="list-style-type: none"> • <i>Date of invoice issue: the same as date of completed service/ date of transferring ownership or use of goods;</i> • <i>Seal: Stamped by invoice provider stipulated by Ministry of Finance, excepted for the provider granted for no seal according to regulation of Tax Department;</i> • <i>In case of payment, issued invoice required.</i> • <i>The information of reference code and link shown in the invoice are required.</i> • <i>For state hospital (except for On-Demand, service, volunteer, international departments): It is not required for Breakdown of + In-patient charge under 2,000,000VND + Out-patient consulting and treatment under 500,000VND , not applied for medicine expense.</i> • <i>Please keep receipts/bills (if yes) including fully criteria like invoices with the items in detail provided at PTI's request.</i>

1.3.1		In case of PTI's information stated in the invoice (For all kinds of invoices)	<ul style="list-style-type: none"> • Buyer: Full name of the insured • Company's name: Post and Telecommunication Joint Stock Insurance Corporation • Tax code: 0100774631 • Address: No. 95, Tran Thai Tong Street, Cau Giay Ward, Ha Noi City, Vietnam. <p>=> Medical document submitted: Original/notarized/certified copy</p>
1.3.2		In case of the insured's information stated in the invoice	<ul style="list-style-type: none"> • Buyer: Full name of the insured • Company's name: (leave blank) • Tax code: Citizen ID • Address: (of the insured and as per address in his/her medical documents) <p>1. Converted invoice: including signature of the person who issues the invoice and seal of the seller/Power of Attorney for invoice converting => Medical document submitted: Original/notarized/certified copy</p> <p>2. Other cases => Medical document submitted: Original required (For hospital discharge paper, operation certificate: certified copy or notarized acceptable)</p> <p><i>Note: For cases needed checking, PTI shall inform our valued customer to provide the original document.</i></p> <p><i>- Invoice cannot be issued after unit name, tax code and address are the company information of the insured.</i></p>
2. DENTAL CARE			
2.1	Claim form		Refer to Section 1.1
2.2	Medical document		
2.2.1		Dental treatment form/Medical examination book/form	<p>1. Including fully information:</p> <ul style="list-style-type: none"> • Name of medical facility; • Date of treatment; • Full name of the insured; • Age or birthday of the insured; • Diagnosis and number of teeth needed treatment; • Signature and full name of attending doctor/dentist; • Stamped by medical facility. <p>2. Process of treatment in detail (schedule of root treatment, material in case of filling, treatment plan,...), Ex: extraction of decayed tooth No. 18, filling decayed tooth No. 15 by amalgam,...</p> <p>3. Result of X-ray/panorex or other preclinical results</p> <p><i>Note: For root treatment and diseased tooth extraction, submitting result of X-ray, panorex is required.</i></p>
2.2.2		Prescription after treatment (if yes)	Refer to Section 1.2.1

2.3	Payment document		Refer to Section 1.3
3. IN-PATIENT AND MATERNITY TREATMENT <i>(Not including hospital admission for diagnostic procedure)</i>			
3.1	General document	Claim form	Refer to Section 1.1
		Hospital discharge paper	Including fully information: <ul style="list-style-type: none"> • Name of medical facility; • Dates of hospital admission - discharge; • Full name of the insured; • Age or birthday of the insured; • Diagnosis or conclusion by doctor, treatment plan; • Signature and full name of Head, Manager of medical facility (eligible signature); • Legal stamp (round) of medical facility.
		Payment document	Refer to Section 1.3
3.2	Pre-hospitalization	Preclinical (test, functional probe, imaging diagnostic (ultrasonic, X-ray,...) done by doctor indication before hospital admission.	Indication and result of preclinical including: <ul style="list-style-type: none"> • Name of medical facility; • Date of consulting; • Full name of the insured; • Age/Birthday; • Signature of doctor; • Full name of doctor <i>* Preclinical: Tests, functional probe, imaging diagnostic (ultrasonic, X-ray, endoscopy,...)</i>
3.3	Duration of hospitalization treatment	Operation certificate (in case of surgery)	<ul style="list-style-type: none"> • Including fully information: • Name of medical facility; • Date of surgery; • Full name of the insured; • Age or birthday of the insured; • Diagnosis or conclusion by doctor; • Method of surgery and treatment; • Signature and full name of Head, Manager of medical facility (eligible signature); • Legal stamp (round) of medical facility.
		Hospital transfer form	Clearly stated about medical condition of patient and reason of transferring hospital (if yes) included legal stamp of referral medical facility

3.4	Post-hospitalization	Relevant document of Post-hospitalization treatment	<p>Note: The treatment is proceeded during the time stipulated in the insurance contract after hospital discharge, or up to special agreement in the Contract.</p> <ul style="list-style-type: none"> • Prescription after hospital discharge (if yes) - Refer to Section 1.2.1 • Invoice for expenses of follow-up examination, indication, preclinical result and prescription (Refer to Section 1. Out-Patient treatment) <p>Follow-up examination indication after discharge must be stated in the hospital discharge paper/ Post-hospitalization prescription by doctor.</p>
4. ACCIDENT TREATMENT AND INCOME ALLOWANCE			
4.1	Accident report	Domestic accident without police handling	<ul style="list-style-type: none"> • Claimed amount under 10,000,000VND: The report needs signature and full name of the insured, or his/her representative if the insured under age of 18. • Claimed amount over 10,000,000VND: The report needs confirmation and stamp of the local authority/policy holder.
		Labor accident	Report of labor accident stipulated by Labor Law.
		Traffic accident without police handling	<ul style="list-style-type: none"> • Claimed amount under 10,000,000VND: The accident report by the insured shall be considered for settlement; • Claimed amount over 10,000,000VND: The accident report needs confirmation of the local authority/policy holder; • Certified copy or notarized driving license, vehicle registration certificate and result of ethanol test (in case of the insured driving).
		Traffic accident handled by police	<ol style="list-style-type: none"> 1. Investigating conclusion by police is required. Other document includes: Scene investigation report, vehicle inspection report, scene sketch,... 2. Certified copy or notarized driving license, vehicle registration certificate and result of ethanol test (in case of the insured driving)
4.2	Document for income allowance		
4.2.1		Income allowance on fixed amount	<ol style="list-style-type: none"> 1. Leave indication stated by doctor in hospital discharge paper, medical examination book, prescription,...; Certified copy of Leave indication for social insurance (if yes) 2. Document proved medical treatment during leaving time (such as: hospital discharge paper, prescription, detailed invoice of physical therapy treatment, indication for cast - cast removal,...) 3. Time sheet or day-off confirmation (signed and sealed) <ul style="list-style-type: none"> • Signature by Human Resource of policy holder including seal placed. • Seal is not required for sample signature of Human Resource registered and approved by PTI. <p><i>Note: For cases needed further information, PTI may inform our valued customer to provide some of other document.</i></p>

4.2.2		Income allowance on total monthly salary	<ul style="list-style-type: none"> • Refer to Section 4.2.1 • Payslip or salary payment order of policy holder • Labor contract, Decision of salary adjustment remained effective by the time of incident. • Payslips of the last 02 months and months in which the incident occurred • Payroll statements of the last 02 months and months in which the incident occurred (applied for salary allowance over 20,000,000VND, or monthly salary over 100,000,000VND)
4.2.3		Income allowance on monthly salary	<ul style="list-style-type: none"> • Refer to Section 4.2.1 • Payroll statements of the last 02 months and months in which the incident occurred (applied for salary allowance over 20,000,000VND, or monthly salary over 100,000,000VND)
4.3	Document for income loss allowance	Income loss allowance on fixed amount	<ul style="list-style-type: none"> • Refer to Section 4.2.1 • Payslips of the last 02 months and months in which the incident occurred
		Income loss allowance on total monthly salary	Refer to Section 4.2.2
		Income loss allowance on monthly salary	Refer to Section 4.2.3

5. NOTE

1. Doctors are not allowed to sell medicines in any form, regardless of selling from their private clinics, except for traditional Chinese medicine doctors/practitioners/herbalists and persons who produce traditional family remedy and are permitted for selling medicine.
2. Kindly note that service of medical consulting and treatment is not subjected to value added tax (V.A.T). For service package of medical consulting and treatment (stipulated by Ministry of Health) includes using medicine for treatment, then the expense of medicine which belongs to this package is also not subjected to V.A.T.
3. Eligible signature: is signed by fountain pen, electronic signature registered (not scanned or photo of signature,...)

LIST OF REQUIRED DOCUMENTS FOR INSURANCE CLAIM PAYMENT IN CASE OF DEATH

(Applicable to foreigners in Vietnam)

NO.	DOCUMENTS OF REQUEST	Type of document
A	Documents related to the insured person (Insured)	
1	Claim form signed + stamped by the Policy-holder with all information (Legal heir/or authorized person to sign)	original
2	Passport of Insured	notarized copy
3	Decision to terminate the labor contract	notarized copy
4	Temporary Residence card of Insured	notarized copy
5	Work permit of the Insured according to the regulations of the host country	notarized copy
6	Certificate of Death	notarized copy
7	Labor contract/agreement, payroll sheet confirmed by the Policy-holder	notarized copy
8	Copy of the Insured's bank account transaction for 3 consecutive months (2 months before the accident and the month of the accident)	original
	Payslip of 3 months (2 months before the accident and the month of the accident). If the company pays the last month's salary to the Insured's heir representative in cash, provide additional delivery documents signed by the related parties	notarized copy
9	Driving license of the Insured in accordance with the law (traffic accident)	notarized copy
10	Vehicle registration certificate (traffic accident)	notarized copy
B	Documents identifying the cause of death and insurance coverage as part of the Vietnamese people	
	<p>Documents identifying the cause of death and insurance coverage as part of the Vietnamese people:</p> <ul style="list-style-type: none"> • All documents related to the treatment period prior to the time of death; • In case of an accident: occupational accident record (in case of occupational accident)/ accident investigation record of the police certified by the relevant authorities; • Other documents: an autopsy report determining the cause of death, and other documents depending on the circumstances of the event. 	notarized copy or original

C	Documents related to beneficiaries	
12	Written confirmation of inheritance division according to the regulations of the host country according to the consular legalization procedure.	original
13	Passport and the account number information of authorized person to receive money according to the consular legalization procedure.	notarized copy
14	In case the Beneficiary/ legal inheritance authorizes another person to sign the relevant documents and receive the insurance money on his behalf, a Notarized Power of Attorney must be provided (certified that both the signature and the content are not immoral, not illegal) at the diplomatic mission of Vietnam in the ...	original
D	Other documents	
	Note: In cases where it is necessary according to the objective requirements of the case to identifying the cause of death and insurance coverage, we may request additional documents in writing specifically.	