

# CLAIM FORM

Please complete this form in **BLOCK CAPITALS**. For your convenience, this form (editable PDF version) is also available on our website: [www.allianz360.com/allianzworldwidecare/index.htm](http://www.allianz360.com/allianzworldwidecare/index.htm) or [www.jdallianz.com/en/products/individual\\_family/healthcare/](http://www.jdallianz.com/en/products/individual_family/healthcare/).

**“Allianz MyHealth”**  
app for quick  
and easy claims  
submission



Please refer to our  
Benefit Guide for more  
information

**Don't forget:** You must submit your claims within the claiming deadline set out in your Benefit Guide, available at [www.allianz360.com/allianzworldwidecare/index.htm](http://www.allianz360.com/allianzworldwidecare/index.htm)

**If the total claim amount is more than CNY10,000, please attach a copy of the patient's ID document. We do not require the original FaPiao for total claims less than CNY 3,000.**

## 1 POLICYHOLDER'S DETAILS

Policy number  Date of birth  /  /

First name

Surname

Latest correspondence address

Telephone number COUNTRY CODE  AREA CODE

Email

Do you have any national/public or state provided health insurance cover in your home country or country of residence e.g. National Health Insurance?  
Yes  No

If Yes, please name the cover provided. Please give your reference number/identifier with the state.

## 2 PATIENT'S DETAILS (IF DIFFERENT FROM POLICYHOLDER)

First name

Surname

Date of birth  /  /  Gender: Male  Female

## 3 PAYMENT DETAILS

Please EITHER tick option 1 OR tick and complete option 2.

**Option 1:** Payment to medical provider\* (e.g. hospital, specialist)  (The bank details requested below are not required for this option.)

**Option 2:** Payment to policyholder

Preferred payment method: Bank transfer\*\*  Cheque\*\*\*

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. If your bank is based in China, please provide the bank branch name.

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

Account number

Bank name

Bank Branch 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 it here:

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.





## 5 MEDICAL PROVIDER'S DETAILS

Name of doctor/specialist

Qualifications/credentials

Name of hospital/clinic

Address

Telephone number COUNTRY CODE  AREA CODE

Fax number COUNTRY CODE  AREA CODE

Email

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

Name of referring doctor

Telephone number COUNTRY CODE  AREA CODE

Date of referral  /  /

## 6 MEDICAL DETAILS

Indicate type of condition: Acute  Chronic  Acute episode of chronic

Please provide full details of the symptoms or medical condition requiring treatment, including

ICD9/10 code/DSM-IV

Details of the symptoms/medical condition

On what date did the patient first present these symptoms to you?  /  /

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

Has the patient suffered from this condition previously? Yes  No

If Yes, when?  /  /

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  /  /

Is birth of a single baby expected? Yes  No


If twins/multiple babies are expected, is the pregnancy a result of medically assisted reproduction? 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.

 Doctor's signature \_\_\_\_\_

Date  /  /

Official stamp of medical provider

## 7 WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: [www.allianz.cn/en/legal\\_notes/Private\\_Policy.jsp](http://www.allianz.cn/en/legal_notes/Private_Policy.jsp)

Alternatively, you can contact us on 400-800-2020 (inside China) or +86-20-8513-2999 (outside China) to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by e-mail at: [Health.ClientServices@allianz.cn](mailto:Health.ClientServices@allianz.cn)

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

As a Chinese insurer, Allianz Jingdong 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).

## 8 DECLARATION

I certify that to the best of my knowledge, this Claim Form does not contain any false, misleading or incomplete information. I understand that if this claim is found to be fraudulent, in whole or in part the contract will be cancelled from the date the fraud is discovered 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 about me, if requested by Allianz Jingdong General Insurance Company Ltd., to its medical advisers or 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 Jingdong 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.



Patient's signature

Date     /   /

## 9 WE NEED YOUR CONSENT

In line with the General Data Protection Regulation (GDPR), we need your consent to process your medical information and pay your medical expenses. If you have not yet provided us with your consent, please access <https://eservice.allianz.cn/sol/login.do>, login and tick the required fields. Alternatively, you can download the Consent Form from [www.jdallianz.com/en/products/individual\\_family/healthcare/](http://www.jdallianz.com/en/products/individual_family/healthcare/) or [www.allianz360.com/allianzworldwidecare/index.htm](http://www.allianz360.com/allianzworldwidecare/index.htm). A paper copy is available on request. Please note that every member on the policy over 18 must provide their own consent.

## 10 THIRD PARTY AUTHORISATION

As the claimant, I hereby authorise  to act on my behalf in relation to the administration of this claim. This may include the disclosure of sensitive medical information.



Patient's signature


Patient's printed name

Date     /   /

It is your responsibility to retain any original supporting documents (e.g. medical receipts) when you send us copies, as we reserve the right to request original supporting documents up to 12 months after each claim has been settled, for auditing purposes. We also reserve the right to request a proof of your payment (e.g. bank or credit card statement) in respect of your medical receipts. We advise you to 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.

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

 Email to: Health.Claims@allianz.cn

 Post to: Healthcare Team,  
Allianz Jingdong General Insurance Company Ltd.,  
Shanghai Branch, Unit 1408, 14F Shanghai Tower,  
No. 501 Middle Yincheng Road,  
Pudong New Area, Shanghai 200120,  
People's Republic of China

### 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 medical condition has been confirmed and is stated either on the Claim Form or on the invoice(s)
- Your contact details are still correct (if they have changed, please let us know on the Claim Form).



### Did you know...

...that most of our members find that their queries are handled quicker when they call us?

If you have any queries please contact our Helpline on 4008866014 (if you call from China), (+ 86) 10 85355624 (if you call from outside China), or email: [Health.ClientServices@allianz.cn](mailto:Health.ClientServices@allianz.cn).



Follow us on WeChat for lots of great health and wellness articles for you and your family. Via our WeChat profile you can also find information on our International Health solutions, and you can access our medical provider finder.

Allianz Jingdong 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 Banking and 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 Bobigny. 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 Care and Allianz Partners are a registered business name of AWP Health & Life SA.