

DEATH CLAIM NOTIFICATION FORM

1	DETAIL OF MEDICAL TREATMENT	
	Subscriber:	Policy No.:
	Name of Patient:	
	Accident Date/Time::	Location:
2	ATTENDING DOCTOR'S CERTIFICATION	
	☐ Accidental Death from Accident	☐ Accidental Death from Disease
	☐ Out Patient Department (OPD = no hospitlaized)	☐ In-patient Department (IPD = hospitalized)
	Doctor's diagnosis:	
	Accdient detials:	
	(Circumstance)	
	Name of Witness:	(If any) Telephone:
	Name of withess.	(If any) Telephone:
3	SUPPORTING DOCUMENTS	
	☐ Death certificate from hospital or Village Authority	☐ Office's report
	☐ Report of Police	☐ Victim's Family registration book
	☐ Certificate of beneficiary	☐ Beneficiary of family registration book,
	(Sign and stamp from the place) ☐ Other medical treatments if any	present address & contact number
4	PAYMENT	
	(Allianz will pay in LAK unless customer notify Allianz for paying in different currency or unless it's mentioned in the	
	policy) □ Cash	
	—	elationship: Mobile:
	☐ Bank Transfer (LAK)	· ————
	A/C Name:	A/C No.:
	Bank name:	Currency: LAK
	* Please copy us the bank account book & we prefer the same currency as actual payment Remark: All claims (except Travel Insurance) will receive payment within 14 working days from date that all required	
	documents received by AGL Head Office. Based on regulations of Health Authorities, Hospitals and Clinics in Laos must provide medical documents in Lao language. For medical terminology Englisht or French languages is acceptable if such Hospitals and Clinics are international entities. For other medical terminology languages AGL Claims examination	
	process and approval might take sometime and period might excess Claims approval mentioned in clause 4 above	
	and/or AGL might request more additional information (if needed).	
	Date:/ Full Name:	Signature: