

## CLAIM NOTIFICATION FORM

Personal Accident     Workmen's Compensation

<b>1</b>	<b>DETAIL OF MEDICAL TREATMENT</b>  Subscriber: _____ Policy No.: _____ Name of Patient: _____ Telephone: _____ Accident Date: ____/____/____ Time: ____:____ Location: _____ Name of Witness: _____ (If any) Telephone: _____ Accdient details: _____ (Circumstance) _____
<b>2</b>	<b>ATTENDING DOCTOR'S CERTIFICATION</b>  <input type="checkbox"/> Out Patient Department (OPD = no hospitalized) <input type="checkbox"/> In-patient Department (IPD = hospitalized) <b>SUPPORTING DOCUMENTS NEEDED</b> (please make sure you attached below documents for claim processing) <input type="checkbox"/> Original Receipt / Invoice <input type="checkbox"/> Medical Prescription <input type="checkbox"/> Medical Certificate / Doctor Diagnosis Report
<b>3</b>	<b>PAYMENT</b> (AZLaos will pay in LAK unless customer notify AZLaos for paying in different currency or unless it's mentioned in the policy) <input type="checkbox"/> Cash Name and Surname: _____ Relationship: _____ Mobile: _____ <input type="checkbox"/> Bank Transfer A/C Name: _____ A/C No.: _____ Bank name: _____ Currency: <input type="checkbox"/> KIP / <input type="checkbox"/> THB / <input type="checkbox"/> USD Note:     - please copy us the bank account book & we prefer the same currency as actual payment - Incase other representative receive claim reimbursment is requires assigned from the insured
<b>4</b>	<b>SUPPORTING DOCUMENTS</b> (please make sure you attached below documents for claim processing) <input type="checkbox"/> Original Receipt/Invoice. <input type="checkbox"/> Medical Prescription. <input type="checkbox"/> Medical Certificate/Doctor Diagnosis Report. <input type="checkbox"/> Other medical treatments if any _____ <b>Remark:</b> All claims (except Travel Insurance) will receive payment within 14 working days from date that all required documents received by AZLaos 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 AZLaos might request more additional information (if needed).  Date: ____/____/____      Full name: _____      Signature: _____