

PERSONAL ACCIDENT INSURANCE - UNDERSTANDING BENEFIT AND CLAIM CORRECTLY



In day-to-day life, although we may not wish for them, we inevitably encounter Accidental Events (“AEs”) that occur randomly and unpredictably, causing damage to individuals’ health, life, and financial well-being. When such an Accidental Event occurs, it is commonly referred to as an Accident.

When participating in the Personal Accident Insurance provided by Tokio Marine Insurance Vietnam Company Limited (TMIV), what key aspects should clients be aware of? Below is a summary of several important points compiled from frequently raised questions during the process of insurance claim settlement.

1. WHICH CIRCUMSTANCES PERSONAL ACCIDENT INSURANCE WILL PAY?

APPLICABLE to DISABLEMENT:

- Due to unforeseen accident AND
- Direct impact of an external force
- Occurring unintentionally and beyond the control of the insured

NON-APPLICABLE to:

- Illnesses, diseases
- Age-related deterioration of health
- Internal causes (including viruses, bacteria, and the aging process)



Fracture sustained
in a traffic
accident

EXAMPLE



Ligament injury
caused by sports
activities






- Accident → Personal Accident Ins’
- Illnesses, diseases → Healthcare Ins’



The above information is provided for reference purposes only and is summarized from TMIV. For complete and accurate details, the insurance contract duly signed should be referred to, or TMIV’s customer service advisors or hotline should be contacted.

2. BENEFITS PAYABLE IN THE EVENT OF AN ACCIDENT

The Insured Person may be entitled to reimbursement of:

-  Medical expense
-  Allowance for loss or reduction of income during the treatment period
-  Permanent disablement benefits (total or partial) as specified in the Schedule of Benefits and/or in accordance with the Policy terms and conditions

Important Notes

-  Multiple benefits may be payable simultaneously (depending on the specific insurance policy)
-  Payment of loss/reduction of income allowance shall cease:
 - at the time when permanent disablement is determined; or
 - when a designed doctor certifies that the Insured Person is fit to return to work

3. TIME LIMIT FOR SUBMISSION OF CLAIM DOCUMENTS

- The time limit for submitting claim documents and receiving insurance benefits under the insurance policy is **01 YEAR** from the date of occurrence of the insured event.
- The duration during which force majeure events or other objective obstacles prevent the submission of claim documents shall not be included in the above time limit.
- In the event that the Policyholder or the Insured is not aware of the occurrence of the insured event at the time it happens, the above time limit shall be calculated from the date on which the Insured Person becomes aware of such insured event.



RECOMMENDATIONS DURING THE CLAIMS PROCESS



72 HOURS

Notification of the insured event should be made within 72 hours from the time the accident occurs



90 DAYS

Claim documents should be submitted within 90 days from the date of hospital discharge or completion of medical treatment.

4. WHAT CONSTITUTES A VALID PRESCRIPTION IN A CLAIM DOSSIER



Prescription issued by a doctor

Medicines prescribed and used in accordance with a doctor's prescription, in compliance with legal regulations, and excluding functional foods, dietary supplements, cosmetics, minerals, and products not included in the list of prescription medicines issued by the Ministry of Health, over-the-counter medicines, and vitamins.

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Prescription must meet the following conditions:



TIME

- Maximum 30 days of medication
- In cases involving medicines on the special-category drug list: up to 90 days of medication



CONTENT

Prescriptions must be fully and clearly stated, including: medication name – generic name – dosage – quantity – route of administration – time of administration – duration of use



FORMAT

- The prescription must bear the physician's signature
- Handwritten prescriptions must be properly stamped by the medical facility



AMENDMENTS

If any adjustment is required, a replacement prescription must be issued; Direct alterations on the original prescription are not permitted.

(For further details, please refer to Circular No. 26/2025/TT-BYT.)

5. When you received the claim settlement notification stating that: “Accordingly, TMIV will be disclaimed to any other requests relating to above claim submission”, how could I understand about it? If I continue to implement further medical treatment , do I have right to submit following claim submission?

This is a question that TMIV receives quite frequently from its customers in relation to personal accident insurance and/or healthcare insurance. Depending on the severity of the injury, the duration of medical treatment may last a few days, or over several months. In cases where treatment is prolonged, customers are advised by TMIV to submit claim dossiers corresponding to each treatment period in order to ensure timely settlement of insurance benefits.

After TMIV has completed the benefit payment for each submitted dossier, TMIV's liability for insurance benefits is deemed to have been fulfilled only with respect to the expenses incurred during that specific treatment period. Accordingly, the claim notification shall apply separately to each dossier submitted and shall not apply to the entire accident as a whole.

In addition, if, after receiving the claim notification, you have any concerns regarding the amount paid, you are encouraged to raise your request without hesitation. TMIV will contact you promptly to provide clarification and appropriate consultation.



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