

GUIDELINE FOR CLAIMS

Claim form <i>(Original & it is included in claim files)</i>	
The Insured's information	Confirmation of declared information
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Full name of insured (patient's name) <input checked="" type="checkbox"/> Date of birth <input checked="" type="checkbox"/> ID No. <input checked="" type="checkbox"/> Mobile number <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Insurance card No. <input checked="" type="checkbox"/> Insurance Policy No. <input checked="" type="checkbox"/> Policyholder Name <input checked="" type="checkbox"/> Bank account (with bank's branch) 	<ul style="list-style-type: none"> ▪ The Insured's signature & full name at the end of claim form for confirmation. ▪ Parents can sign on behalf of the Insured if the Insured is under 18 years old. ▪ If the Insured is covered under Policy of Company, a confirmation from the Company's representative is required (including signature, full name & company seal).
Claim for Dental treatment <i>(Original & it is included a seal of Medical provide on all documents)</i>	
Medical document	Accounting document
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dental treatment form, including: <ul style="list-style-type: none"> - Patient's name - Diagnosis - Treatments (If it's a filling, the filling material is required; if it's a root canal treatment, the treatment process for each visit is required) - Doctor's confirmation for treatment: signature & full name - Medical Provider's information: seal, address, phone number <input checked="" type="checkbox"/> X-ray or other film 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Invoice converted from electronic invoice (If this invoice is issued by the Medical Provider) <input checked="" type="checkbox"/> VAT invoice (If the Medical Provider does not issue a conversion invoice) <input checked="" type="checkbox"/> Breakdown for invoice
<p><i>(* The Insurer may request the Insured to carry out an assessment of the dental treatment to serve the claim settlement.</i></p>	

Claim for Outpatient treatment

(Original & it is included a seal of Medical provide on all documents)

Medical document	Accounting document
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Diagnosis (shown on prescription / medical treatment book / medical certificate) <input checked="" type="checkbox"/> Prescription/Treatments <input checked="" type="checkbox"/> Results of test & imaging (if any) <input checked="" type="checkbox"/> Doctor's indication on inhalation/physiotherapy (number & time for performing) <input checked="" type="checkbox"/> Tracking form for inhalation/physiotherapy (with confirmation from Doctor) <input checked="" type="checkbox"/> Emergency certificate (in case of emergency) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Invoice converted from electronic invoice (If this invoice is issued by the Medical Provider) <input checked="" type="checkbox"/> VAT invoice (If the Medical Provider does not issue a conversion invoice) <input checked="" type="checkbox"/> Breakdown for invoice

Claim for Inpatient treatment

(Original & it is included a seal of Medical provide on all documents)

Medical document	Accounting document
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hospital discharge form (the copy) <input checked="" type="checkbox"/> Surgical certificate (in case of surgery) <input checked="" type="checkbox"/> Hospital transfer form (in case of hospital transfer) (the copy) <input checked="" type="checkbox"/> Discharge prescription <input checked="" type="checkbox"/> Results of test & imaging (if any) <input checked="" type="checkbox"/> Medical record 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Invoice converted from electronic invoice (If this invoice is issued by the Medical Provider) <input checked="" type="checkbox"/> VAT invoice (If the Medical Provider does not issue a conversion invoice) <input checked="" type="checkbox"/> Breakdown for invoice

Claim for Accident treatment

(Original & it is included a seal of Medical provide on all documents)

Medical document	Accounting document
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accident report (If it is an accident involving a state agency, it's required to have a confirmation or a accident conclusion in writting from the state agency; if it's an occupational accident, the company's confirmation is required) <input checked="" type="checkbox"/> Result of measuring alcohol concentration (if any) <input checked="" type="checkbox"/> Vehicle registration certificate & driving license (in case of traffic accident) (the copy) <input checked="" type="checkbox"/> Diagnosis (shown on prescription / medical treatment book / medical certificate/ hospital discharge form) <input checked="" type="checkbox"/> Prescription/Treatments <input checked="" type="checkbox"/> Results of test & imaging (if any) <input checked="" type="checkbox"/> Doctor's indication on inhalation/physiotherapy (number & time for performing) <input checked="" type="checkbox"/> Tracking form for inhalation/physiotherapy (with confirmation from Doctor) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Invoice converted from electronic invoice (If this invoice is issued by the Medical Provider) <input checked="" type="checkbox"/> VAT invoice (If the Medical Provider does not issue a conversion invoice) <input checked="" type="checkbox"/> Breakdown for invoice

Claim for Allowance

Hospitalization allowance	Salary compensation
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hosptal discharge form (the copy) <input checked="" type="checkbox"/> Breakdown for treatment (if any) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hosptal discharge form / Leave certificate of SI, Indication of leave from Doctor on medical record (the copy) <input checked="" type="checkbox"/> Receipts & medical documents related to the appointment <input checked="" type="checkbox"/> Comfirmation of company for actual leave <input checked="" type="checkbox"/> Timesheet (confirmed by the company) <input checked="" type="checkbox"/> Labour contract/Decision of increasing salary (the copy)

Claim for Disability/ Death

Disability	Death
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disability certificate from the Board of Medical Examiners <input checked="" type="checkbox"/> Documents related to disability <input checked="" type="checkbox"/> Labour contract/Decision of increasing salary (the copy) 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medical documents related to treatment of illness/injury before death <input checked="" type="checkbox"/> Death notice (in case of death in hospital) <input checked="" type="checkbox"/> Death certificate <input checked="" type="checkbox"/> Certificate of the legal right of inheritance <input checked="" type="checkbox"/> Death certificates of legal heirs <input checked="" type="checkbox"/> Power of attorney for inheritance <input checked="" type="checkbox"/> The commitment of the person authorized to receive compensation <input checked="" type="checkbox"/> ID/Birth certificate of the Insured <input checked="" type="checkbox"/> Certificate of Insured's marital status <input checked="" type="checkbox"/> Inheritance declaration document <input checked="" type="checkbox"/> ID of the person authorized to receive compensation <input checked="" type="checkbox"/> Household registration book/ Documents proving the relationship of the legal inheritance to the Insured <input checked="" type="checkbox"/> Labour contract/Decision of increasing salary (the copy)



① In any event, the content in this document is for reference only and does not replace the terms outlined in the insurance policy. Depending on each specific case, the Insurance Company may require some other documents to serve the claim settlement process.

① Should you require any assistance, please contact Leapstack via:

✉ customer-service@leapstack.vn

📞 [1900 57 1233](tel:1900571233)