

Non-Death Claim Document Submission Form (Disability/Loss of Organ/Critical Illness/Cancer)

The Insured's Name-Surname..... Sex ☐ Male ☐ Female Identification No.: Telephone
 E-mail.....Current Address
 Policy No.....Employer's Name (Company, Organization).....
 Agent/Brokerage Company's Name.....Agent Code.....Telephone.....E-mail

☐ Submit for the first claim ☐ Submit the additional documents notified by the Company ☐ Submit the additional documents for reconsideration

Please mark in the column ☒ in front of the list of submitted documents only.

Documents required for submission to support each type of claim consist of the following.

Supporting Documents for Claim in the Case of Disability/Loss of Organ Claim			Quantity/Issue	Remark
<input type="checkbox"/>	1	Non-Death Claim Document Submission Form (Disability/Loss of Organ/Critical Illness/Cancer)		
<input type="checkbox"/>	2	Disability/Loss of Organ Claim Form filled in by the treating physician		
<input type="checkbox"/>	3	Attending Ophthalmologist Statement Form filled in by the treating physician		
<input type="checkbox"/>	4	Photograph of the Position of Lost Organ		
<input type="checkbox"/>	5	Certified True Copy of Daily Report from the Police, specifying accident date and time (in the Case of Accident)		
<input type="checkbox"/>	6	Certified True Copy of Summary Report of Daily Report and Summary Report of File of the Case (in the Case of Accident)		
<input type="checkbox"/>	7	History of all treatments relating to this time of accident or illness in every medical facility		
<input type="checkbox"/>	8	Photograph of the Insured along with Identification Card		
<input type="checkbox"/>	9	Letter of Consent in the Case of Non-Death Claim		
<input type="checkbox"/>	10	Certified True Copy of the Bankbook		
<input type="checkbox"/>	11	Letter of Consent for Request of Medical Report for 3 Sets		
<input type="checkbox"/>	12	Certified True Copy of the Insured's Identification Card for 3 Sets		
<input type="checkbox"/>	13	Others		
Supporting Documents for Claim in the Case of Critical Illness			Quantity/Issue	Remark
<input type="checkbox"/>	1	Non-Death Claim Document Submission Form (Disability/Loss of Organ/Critical Illness/Cancer)		
<input type="checkbox"/>	2	Critical Illness/Cancer Claim Form		
<input type="checkbox"/>	3	Attending Physician Statement Form in the Case of Cancer, filled in by the treating physician		
<input type="checkbox"/>	4	Attending Physician Statement Form in the Case of Critical Illness, filled in by the treating physician		
<input type="checkbox"/>	5	Certified True Copy of the Daily Report from the Police, specifying the accident date and time (in the Case of Accident)		
<input type="checkbox"/>	6	Certified True Copy of the Summary Report of Daily Report and Summary Report of File of the Case (in the Case of Accident)		
<input type="checkbox"/>	7	History of all treatments relating to this time of accident or illness in every medical facility		
<input type="checkbox"/>	8	Pathology Examination Result (Biopsy Result) or Magnetic Resonance Imaging (MRI) Examination Result or CT Scan Examination Result		
<input type="checkbox"/>	9	Photograph of the Insured along with Identification Card		
<input type="checkbox"/>	10	Letter of Consent in the Case of Non-Death Claim		
<input type="checkbox"/>	11	Certified True Copy of Bankbook		
<input type="checkbox"/>	12	Letter of Consent for Request of Medical Report for 3 Sets		
<input type="checkbox"/>	13	Certified True Copy of the Insured's Identification Card for 3 Sets		
<input type="checkbox"/>	14	Others		

Insured's Signature Date.....
 Document Submitter's Signature Document Submission Date.....

For the Company's Officer

Verified the document by.....Date..... ☐ Complete ☐ Incomplete
 Remark.....

The Company will proceed with the consideration of indemnity compensation within 15 days from the date on which the Company has completely received supporting documents for indemnity consideration. In the case where there is a doubtful cause that the claim for the Company's reimbursement of indemnity is not in line with coverage conditions, the Company may extend the specified period as required and the insured, his/her heir or beneficiary shall provide facts to the Company. The Company will take time and notify the result within the schedule of 90 days from the date on which the Company has completely received supporting documents.

Group Insurance (1 Sep 24)

