

**Application Document:** 1. All the claims should be applied with a claim form and a copy of your bankbook or card (We need it for bank transfer); 2. The table below is for general claim, and we keep the right to ask other specific proofs and information relevant to your claim.

Document \ Benefit	Accidental Death	Burns & Disablement	Medical Expenses	Baggage Delay	Personal Effects	Travel Delay /Missed Connection	Travel Documents	Personal money	Trip Curtailment	Personal Liability
Policy Schedule	√	√	√	√	√	√	√	√	√	√
Passport	√	√	√	√	√	√	√	√	√	√
Residential Registration(RR)/ID Card	√	√	√	√	√	√	√	√	√	√
Air Ticket	√	√	√	√	√	√	√	√	√	√
Medical Report*	√	√	√							
Prescription/Medical expense receipt*			√							
Death Certificate*	√									
Cancellation of RR*	√									
Certificate of Degree of burns/disablement*		√								
Notarial Deed	√									
Police Report*	#	#			√		√	√		
Proof of Carrier *				√	√	√			#	
Certificate of Hotel*					#			#		
Quotation of Reparation					√					
Photo*		#			#					
Invoice of Effects/Accommodation /Travel expenses*				√	√	√	√		√	
Certificate of Travel agency*									√	
Arbitration Letter*										√
Compensation Agreement *										√

**Note:** ‘\*’ means the document should be original; ‘√’ means the document you should provide in respect to the benefit you apply; ‘#’ means the document you may provide.

**Accident Notification/Application:** Please notify us within 24 hours after accidental death, burns or disablement, and contact us immediately if any medical expense of outpatient is  $\geq$  RMB10,000, or you need to be hospitalized, or medical repatriation/evacuation and personal liability would happen to you. For other claims, you should contact us within 15 days and submit a claim application within 30 days after the incident. If you do not notify your claim within the required claim notification period, we can reduce your claim by the amount of prejudice we have suffered because of the delay. If you are unable to provide sufficient evidence to prove the incident giving rise to the claim occurred, then we will not be liable to pay the claim.

**Claim form:** You should complete ‘Section 1-Insured Details’ and ‘Section 6-Payment Details and Claim Payment Declaration’. You may fill in the other parts according to the type of your claim.