

Dear: Mr/Ms **Trần Hưng Đạo - RMIT INTERNATIONAL UNIVERSITY VIETNAM (HCM)**

After reviewing this claim, **Insmart Ltd., Co and Công ty Bảo hiểm Bưu điện Sài Gòn** agree to reimburse as below:

Name of Insured: **Trần Hưng Phúc**

Name of Staff: **Trần Hưng Đạo**

Examination date or admission date: **29/08/2016**

Name of Medical Provider: **Nha khoa và Thẩm mỹ Hoàn Vũ - 791 Trần Hưng Đạo, Quận 5, TP HCM**

Claim amount: **VND2,000,000.00**

Approved claim amount: **VND1,701,000.00**

(Please refer to the attachment)

This payable amount shall be paid via bank transfer within **3-5** workings days as following information:

Name of beneficial: **Trần Hưng Đạo**

Account number of beneficial: **0071 0011 30067**

Bank: **Ngân hàng Thương mại cổ phần Ngoại Thương Việt Nam**

**Notice:** For the different reimbursed amount versus your claim amount request, please give your feedback (if any) or confirm your agreement. Based on that, we then will complete the payment process.

*All enquires related to claim settlement, please contact to us via information as below to get the support.*

**Claimant Name – Phone (Extension Number)**

**Thanks and best regards!**