PACIFIC CROSS VIETNAM

The strength behind your insurance

ACCIDENT REPORT

Insured's name: _____

Policy No: _____ Member No : _____

Date of Birth (day/month/year): _____

Describe the accident:

Time (hour): _____

Date: _____

Place: _____

Accident progress: _____

_____

_____

_____

_____

_____

_____

_____

Name of the first clinic/hospital visited: _____

On date: _____

I, the undersigned, hereby declare to the best of my knowledge and belief that the particulars stated on this form to be true and correct. I understand that if I fail to provide any information requested in this form, it may result in the inability of the Company to accept or process this claim.

_____ _____

Date (day/month/year) Signed
(Patient, or Parent if a minor)

16th Floor | Royal Center Tower B | 235 Nguyen Van Cu Street | Nguyen Cu Trinh Ward | District 1 | Ho Chi Minh City | Vietnam
Tel: (+84 28) 7306 9669 | www.pacificcross.com.vn | Email: inquiry@pacificcross.com.vn