

## <Nanshan Life Insurance Claim Filling Points>

Dear Policyholder,

Thank you for your support and cherish for our company. It is our responsibility to protect your rights and interests. For the critical points of claim settlement, the intimate reminders are as follows:

- The insurance claim application form applies to various claim settlement applications for life insurance, group insurance (except group insurance occupational accident), travel insurance, and investment products. When a policyholder fills out the insurance benefits application form, he/she should fill in each column in detail and try his best to write clearly, to strive for the timeliness of claim settlement.
- Before filling out the insurance benefits application form, please read the back side of the application form carefully, the list of documents required to apply for various insurance benefits and their important notices.
- The filling method is explained as follows: Please notify the salesperson first. If the salesperson cannot be reached, please send the application to the nearest claim settlement unit by yourself:

### 1. **Information about the person involved in the accident**

A. All policy numbers of the persons involved in the accident (including life insurance, group insurance, travel insurance, and investment products) should be filled in on the same application form. For a group insurance policy, please fill in the policyholder number/name of the insured unit, insurance card number, and names of employees/members.

B. Relationship with the insured: select the relationship between the persons involved in the accident and the main insured.

### 2. **Application Item**

Select the items to apply for claims according to the type of accident/policy.

### 3. **Explanation of the insured event**

A. Please select the type of accident as disease or accident.

B. If the insured event is an accident, please fill in the time of occurrence, the location of the accident, the occupation and work content at the time of the accident, the reason, and the details of the event. If there is a report record, please fill in the report date/accident handling unit/undertaker/contact number, and other information to speed up the claim settlement. (If there is a police report, police-relevant documents, or media reports such as newspapers and magazines, please provide newspaper clippings or relevant information).

#### **4. Payment method (select the payment method)**

A. Check:

The beneficiary is a demand check made payable to. (The check is non-endorsable and non-negotiable with two parallel lines).

B. Remittance by financial institutions:

- a. If more than one beneficiary chooses remittance as the payment method, each beneficiary must fill out this insurance claim form separately.
- b. When applying for a foreign currency insurance policy, you must fill in the exact English name on the foreign currency insurance policy account and attach proof of the foreign currency deposit account.
- c. If the company cannot remit the money due to reasons not attributable to the company, the company will remit the money after the reason ceases to exist, but the company will not be responsible for the delay.
- d. The beneficiary may attach a photocopy of the identity document and the front page of the passbook to assist the company in verifying the remittance and ensure his rights and interests.
- e. If the beneficiary of medical insurance is a minor, the money may be remitted to the account of the legal representative. When the company sends the money to the legal representative's account, it is deemed that the beneficiary has acknowledged the payment has been made.

C. The company will issue a check if the beneficiary does not choose a payment method.

D. If the beneficiary is a minor and chooses to remit money to the legal representative's account, and if the legal representative is not the proposer, please attach the proof of relationship (such as a copy of the household register, etc.).

#### **5. Signature of beneficiary**

A. To claim medical, critical illness, or disability insurance proceeds, the beneficiary shall be the accident victim. When claiming death insurance benefits, the beneficiary refers to the beneficiary set forth in the insurance policy.

B. If the accident victim/ beneficiary of the deceased is a minor or a person subject to the order of the commencement of guardianship or assistance, the signature of the legal representative/guardian/assistant is also required.

C. The beneficiary's signature column must be signed by the beneficiary (accident victim/ beneficiary of the deceased legal representative/guardian/assistant, and filled in the address/zip code/telephone/mobile phone/E-mail and application date. (※Please refer to the important notices on the back side of the application form for insurance benefits).

If you need to update the policy address/telephone/mobile phone/E-mail, please fill out the "Application for Contract Modification/Reinstatement/Policy Reissue" and send it to the customer service unit for processing. The application form for insurance benefits is not regarded as a notification of changes in the information mentioned above by the policyholder.

**6. Continued compensation for the previous accident**

Please check this box if the person involved in the accident has previously applied for compensation for the same accident.

If you have any questions about the above reminders or other inquires, please call the company's 24-hour customer service center toll-free service number: 0800-020-060 or overseas consultation hotline (charges apply): +886-2-8752-2111. We are dedicated to serving you.