
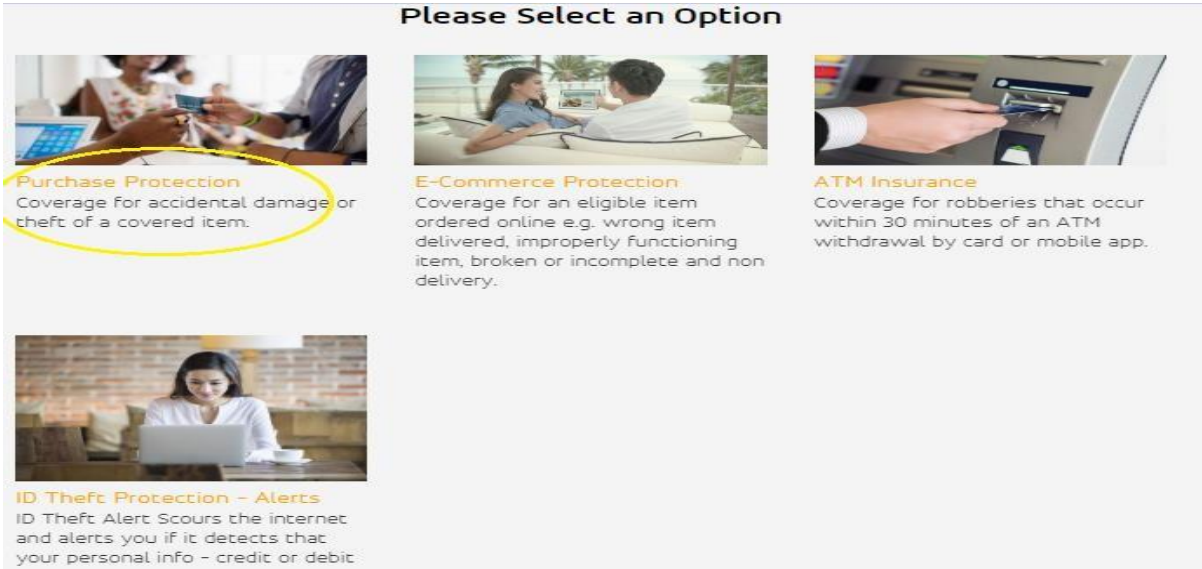


HƯỚNG DẪN YÊU CẦU BỒI THƯỜNG BẢO HIỂM MUA SẮM

Bước	Chi tiết
1	<p>- Chủ thẻ truy cập website: https://vn.mycardbenefits.com/</p> <p>- Nhập đầy đủ số thẻ thanh toán Mastercard, nhấn “Proceed”</p> 
2	<p>Chọn “Purchase Protection” (bảo hiểm mua sắm):</p>  <p>Please Select an Option</p> <p>Purchase Protection Coverage for accidental damage or theft of a covered item.</p> <p>E-Commerce Protection Coverage for an eligible item ordered online e.g. wrong item delivered, improperly functioning item, broken or incomplete and non delivery.</p> <p>ATM Insurance Coverage for robberies that occur within 30 minutes of an ATM withdrawal by card or mobile app.</p> <p>ID Theft Protection - Alerts ID Theft Alert Scours the internet and alerts you if it detects that your personal info - credit or debit</p>

3


- Nhập thông tin về thời gian mua hàng.
- Nếu thẻ giao dịch là thẻ hợp lệ, nhấn “Yes”.
- Nhấn “NEXT”.

**Required*

WHAT WAS THE PURCHASE DATE?*

(DD/MM/YYYY) 

WHAT WAS THE DATE OF THE INCIDENT?*

(DD/MM/YYYY) 

WAS THE ITEM PURCHASED ENTIRELY WITH YOUR ELIGIBLE CARD?*

- Yes
- No

BACK

EXIT

NEXT

NAME OF SHIPPING COMPANY(S)*

XXXXXX

100 characters remaining

SCHEDULED DELIVERY DATE*

(DD/MM/YYYY) 

ACTUAL DELIVERY DATE*

(DD/MM/YYYY) 

SHIPPING TRACKING NUMBER*

XXXXXX

40 characters remaining

In the event your claim is eligible for coverage, please provide the following details for payment remittance.

BANK NAME

XXXXXX

BANK ADDRESS (COUNTRY/REGION)

Select 

ACCOUNT HOLDER NAME

XXXXXX

ACCOUNT NUMBER

XXXXXX

CANCEL CLAIM FILING

SAVE & FINISH LATER

BACK

SAVE AND CONTINUE

Review Your Claim

Please review the information below and make any necessary changes. To make changes, click on the Edit button next to the section name. Note: All blank fields are optional. We suggest you print a copy of this page for your records.

*Required

Claim Overview

Card Information

[EDIT](#)

CARD NUMBER

XXXXXXXXXXXX8126

WHAT WAS THE PURCHASE DATE?

17/05/2021

WHAT WAS THE DATE OF THE INCIDENT?

17/05/2021

WAS THE ITEM PURCHASED ENTIRELY WITH YOUR ELIGIBLE

CARD?

Yes

Claim Details

[EDIT](#)

CARDHOLDER FIRST NAME

HOANG

LAST NAME

NGUYEN HUY

PRIMARY PHONE NUMBER

840908888888

EMAIL ADDRESS

HOANGNH68888@GMAIL.COM

HOW MANY ITEMS WERE DAMAGED OR STOLEN?

2

CAUSE OF LOSS

Damage

HOW AND WHERE DID THE INCIDENT OCCUR?

HCM

WHAT ITEM ARE YOU CLAIMING, PLEASE DESCRIBE THE DAMAGES.

TIVI

WHAT WAS THE PURCHASE DATE?

17/05/2021

INCIDENT DATE

17/05/2021

PURCHASE AMOUNT

10000000.0000

CURRENCY

Vietnamese dong

BANK NAME

SACOMBANK

ACCOUNT HOLDER NAME

NGUYEN HUY HOANG

ACCOUNT NUMBER

060288888888

6

- Tải lên hóa đơn mua sắm và các tài liệu liên quan, nhấn “BROWSE”, “UPLOAD”.
- Cuối cùng, nhấn “SUBMIT” để hoàn tất và gửi yêu cầu bồi thường.

Filing a claim does not guarantee coverage.

If you have any of the required documents listed below, you can upload them here.

REQUIRED DOCUMENTS:

STATEMENT OF ACCOUNT HIGHLIGHTING ITEM(S)
TRANSACTION(S)

PHOTOS OF THE DAMAGED ITEM(S)

THE ORIGINAL PROOF OF PURCHASE FROM THE ESTABLISHMENT WHERE
THE INSURED ITEM WAS ACQUIRED (WITH DATE AND PRICE)

A COPY OF BILLING STATEMENT SHOWING PAYMENT OF THE ITEM WAS
MADE ENTIRELY WITH THE ELIGIBLE CARD/ OR REWARDS
PROGRAM

PASSPORT OR NATIONAL IDENTITY COPY

Note: Cardholders may be required to send in the damaged item(s) for further evaluation of the claim.

Please submit claim related documents by email to APAC.Mastercard@aig.com or utilize the upload document functionality below to submit the required claim documents.

Additional documents may be requested upon reviewing the details of the claim.

BROWSE

UPLOAD