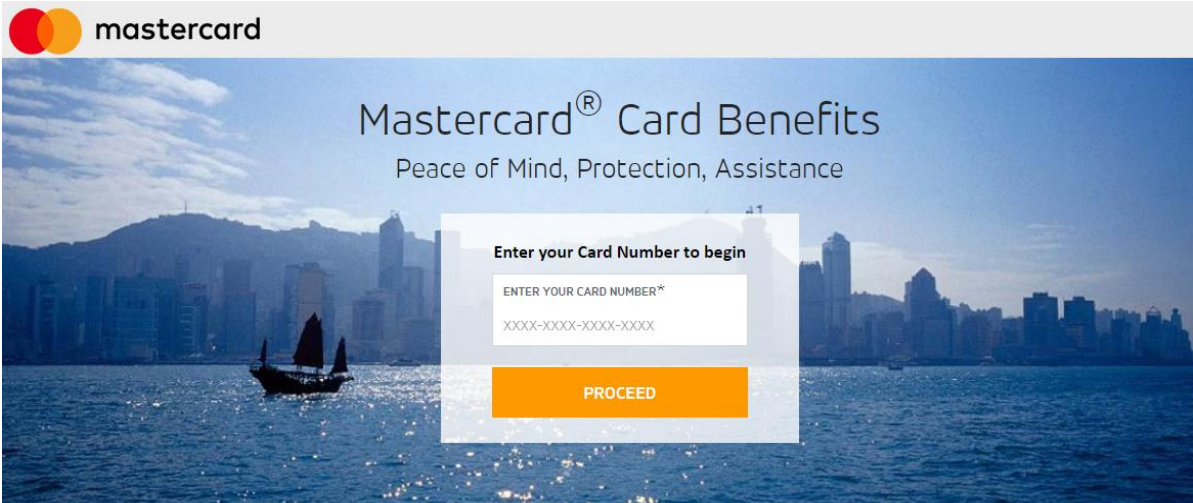
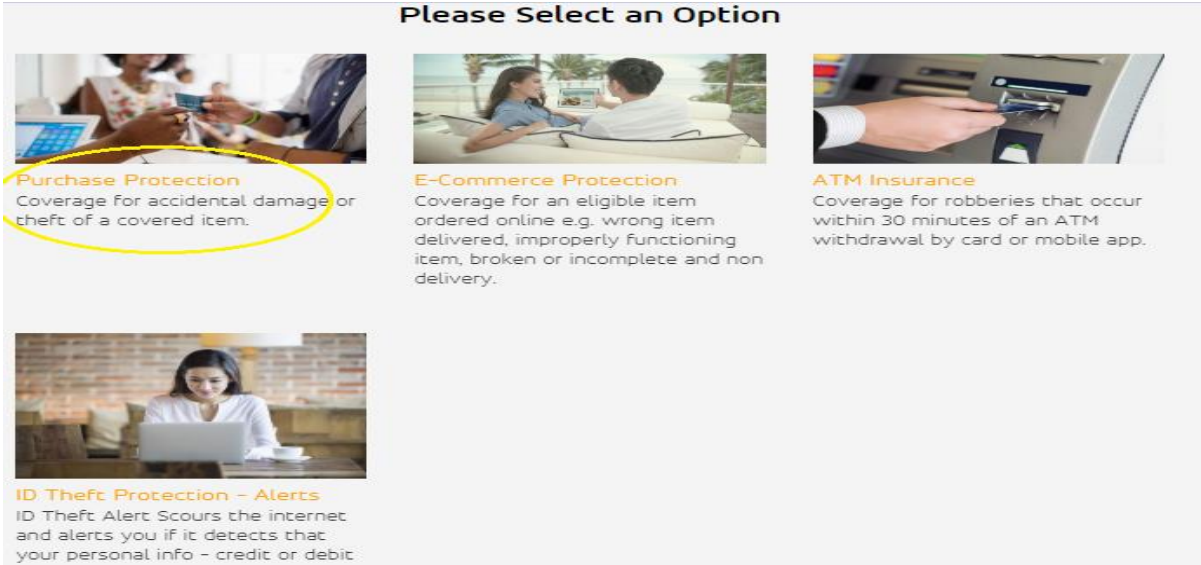







## HƯỚNG DẪN YÊU CẦU BỒI THƯỜNG BẢO HIỂM MUA SẮM

Bước	Chi tiết
1	<p>- Chủ thẻ truy cập website: <a href="https://vn.mycardbenefits.com/">https://vn.mycardbenefits.com/</a></p> <p>- Nhập đầy đủ số thẻ thanh toán Mastercard, nhấn “Proceed”</p> 
2	<p>Chọn “Purchase Protection” (bảo hiểm mua sắm):</p> 
3	<p>- Nhập thông tin về thời gian mua hàng.</p> <p>- Nếu thẻ giao dịch là thẻ hợp lệ, nhấn “Yes”.</p> <p>- Nhấn “NEXT”.</p>

	<p><i>*Required</i></p> <p>WHAT WAS THE PURCHASE DATE?*</p> <p>(DD/MM/YYYY) </p> <p>WHAT WAS THE DATE OF THE INCIDENT?*</p> <p>(DD/MM/YYYY) </p> <p>WAS THE ITEM PURCHASED ENTIRELY WITH YOUR ELIGIBLE CARD?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>BACK</b>    <b>EXIT</b>    <b>NEXT</b></p>												
<p>4</p>	<p>- Nhập các thông tin cá nhân của chủ thẻ, thông tin hàng hóa đã mua sắm, giá trị muốn bảo hiểm và số tài khoản ngân hàng để nhận bồi thường (trong trường hợp được duyệt bồi thường)</p> <p>- Nhấn “SAVE AND CONTINUE”</p> <p><b>Enter Claim Details</b></p> <p>Please enter the requested information below for the claim details.</p> <p><i>*Required</i></p> <table border="0"> <tr> <td data-bbox="302 1037 854 1100"> <p>CARDHOLDER FIRST NAME*</p> <p>XXXXXX</p> </td> <td data-bbox="894 1037 1446 1100"> <p>LAST NAME*</p> <p>XXXXXX</p> </td> </tr> <tr> <td data-bbox="302 1125 854 1188"> <p>PRIMARY PHONE NUMBER*</p> <p>+84 XXX XXXX XXXX</p> </td> <td></td> </tr> <tr> <td data-bbox="302 1213 854 1276"> <p>EMAIL ADDRESS</p> <p>XXXXXX</p> </td> <td data-bbox="894 1213 1446 1276"> <p>CONFIRM EMAIL ADDRESS</p> <p>XXXXXX</p> </td> </tr> <tr> <td data-bbox="302 1302 854 1386"> <p>WHAT PRODUCT(S) ARE YOU CLAIMING?*</p> <p>XXXXXX</p> <p>200 characters remaining</p> </td> <td data-bbox="894 1302 1446 1386"> <p>E-COMMERCE SELLER NAME / COUNTRY OF ORIGIN / WEBSITE DETAILS*</p> <p>XXXXXX</p> <p>200 characters remaining</p> </td> </tr> <tr> <td data-bbox="302 1411 854 1495"> <p>ORDER AND ITEM NUMBER*</p> <p>XXXXXX</p> <p>80 characters remaining</p> </td> <td data-bbox="894 1411 1446 1474"> <p>WHAT WAS THE PURCHASE / ORDER DATE?: 01/10/2019 <b>EDIT</b></p> </td> </tr> <tr> <td data-bbox="302 1541 854 1604"> <p>PURCHASE PRICE*</p> <p>XXXXXX</p> </td> <td data-bbox="894 1541 1446 1604"> <p>CURRENCY*</p> <p>Select </p> </td> </tr> </table>	<p>CARDHOLDER FIRST NAME*</p> <p>XXXXXX</p>	<p>LAST NAME*</p> <p>XXXXXX</p>	<p>PRIMARY PHONE NUMBER*</p> <p>+84 XXX XXXX XXXX</p>		<p>EMAIL ADDRESS</p> <p>XXXXXX</p>	<p>CONFIRM EMAIL ADDRESS</p> <p>XXXXXX</p>	<p>WHAT PRODUCT(S) ARE YOU CLAIMING?*</p> <p>XXXXXX</p> <p>200 characters remaining</p>	<p>E-COMMERCE SELLER NAME / COUNTRY OF ORIGIN / WEBSITE DETAILS*</p> <p>XXXXXX</p> <p>200 characters remaining</p>	<p>ORDER AND ITEM NUMBER*</p> <p>XXXXXX</p> <p>80 characters remaining</p>	<p>WHAT WAS THE PURCHASE / ORDER DATE?: 01/10/2019 <b>EDIT</b></p>	<p>PURCHASE PRICE*</p> <p>XXXXXX</p>	<p>CURRENCY*</p> <p>Select </p>
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<p>PRIMARY PHONE NUMBER*</p> <p>+84 XXX XXXX XXXX</p>													
<p>EMAIL ADDRESS</p> <p>XXXXXX</p>	<p>CONFIRM EMAIL ADDRESS</p> <p>XXXXXX</p>												
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<p>PURCHASE PRICE*</p> <p>XXXXXX</p>	<p>CURRENCY*</p> <p>Select </p>												

<p>NAME OF SHIPPING COMPANY(S)* XXXXXX 100 characters remaining</p>	<p>SCHEDULED DELIVERY DATE* (DD/MM/YYYY) </p>
<p>ACTUAL DELIVERY DATE* (DD/MM/YYYY) </p>	<p>SHIPPING TRACKING NUMBER* XXXXXX 40 characters remaining</p>
<p>In the event your claim is eligible for coverage, please provide the following details for payment remittance.</p>	
<p>BANK NAME XXXXXX</p>	<p>BANK ADDRESS (COUNTRY/REGION) Select </p>
<p>ACCOUNT HOLDER NAME XXXXXX</p>	<p>ACCOUNT NUMBER XXXXXX</p>
<p> <a href="#">CANCEL CLAIM FILING</a> <a href="#">SAVE &amp; FINISH LATER</a> <a href="#">BACK</a> <a href="#">SAVE AND CONTINUE</a> </p>	

## 5 Kiểm tra lại các thông tin

### 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

	<p>WHAT WAS THE PURCHASE DATE? 17/05/2021</p> <p>INCIDENT DATE 17/05/2021</p> <p>PURCHASE AMOUNT 10000000.0000</p> <p>CURRENCY Vietnamese dong</p> <p>BANK NAME SACOMBANK</p> <p>ACCOUNT HOLDER NAME NGUYEN HUY HOANG</p> <p>ACCOUNT NUMBER 060288888888</p>						
<p>6</p>	<p>- Tải lên hóa đơn mua sắm và các tài liệu liên quan, nhấn “BROWSE”, “UPLOAD”.</p> <p>- Cuối cùng, nhấn “SUBMIT” để hoàn tất và gửi yêu cầu bồi thường.</p> <p>Filing a claim does not guarantee coverage.</p> <p>If you have any of the required documents listed below, you can upload them here.</p> <p><b>REQUIRED DOCUMENTS:</b></p> <table border="0"> <tr> <td data-bbox="269 1178 824 1234">STATEMENT OF ACCOUNT HIGHLIGHTING ITEM(S) TRANSACTION(S)</td> <td data-bbox="867 1178 1422 1234">PHOTOS OF THE DAMAGED ITEM(S)</td> </tr> <tr> <td data-bbox="269 1268 824 1325">THE ORIGINAL PROOF OF PURCHASE FROM THE ESTABLISHMENT WHERE THE INSURED ITEM WAS ACQUIRED (WITH DATE AND PRICE)</td> <td data-bbox="867 1268 1422 1350">A COPY OF BILLING STATEMENT SHOWING PAYMENT OF THE ITEM WAS MADE ENTIRELY WITH THE ELIGIBLE CARD/ OR REWARDS PROGRAM</td> </tr> <tr> <td data-bbox="269 1388 824 1423">PASSPORT OR NATIONAL IDENTITY COPY</td> <td></td> </tr> </table> <p>Note: Cardholders may be required to send in the damaged item(s) for further evaluation of the claim.</p> <p>Please submit claim related documents by email to <a href="mailto:APAC.Mastercard@aig.com">APAC.Mastercard@aig.com</a> or utilize the upload document functionality below to submit the required claim documents.</p> <p>Additional documents may be requested upon reviewing the details of the claim.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div data-bbox="269 1650 717 1724" style="border: 1px solid #ccc; width: 280px; height: 35px;"></div> <div data-bbox="717 1650 925 1724" style="border: 1px solid #ccc; width: 128px; height: 35px; background-color: #ccc; text-align: center;">BROWSE</div> <div data-bbox="967 1650 1321 1724" style="border: 1px solid #ccc; width: 218px; height: 35px; background-color: #f4a400; color: white; text-align: center;">UPLOAD</div> </div>	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	
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