




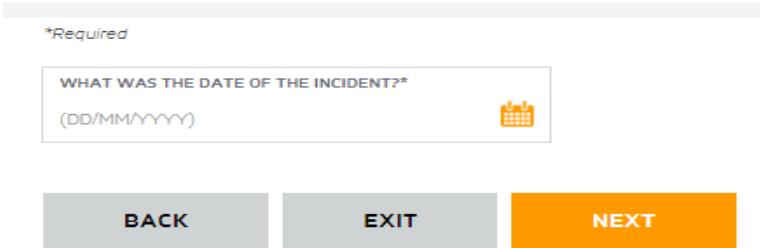

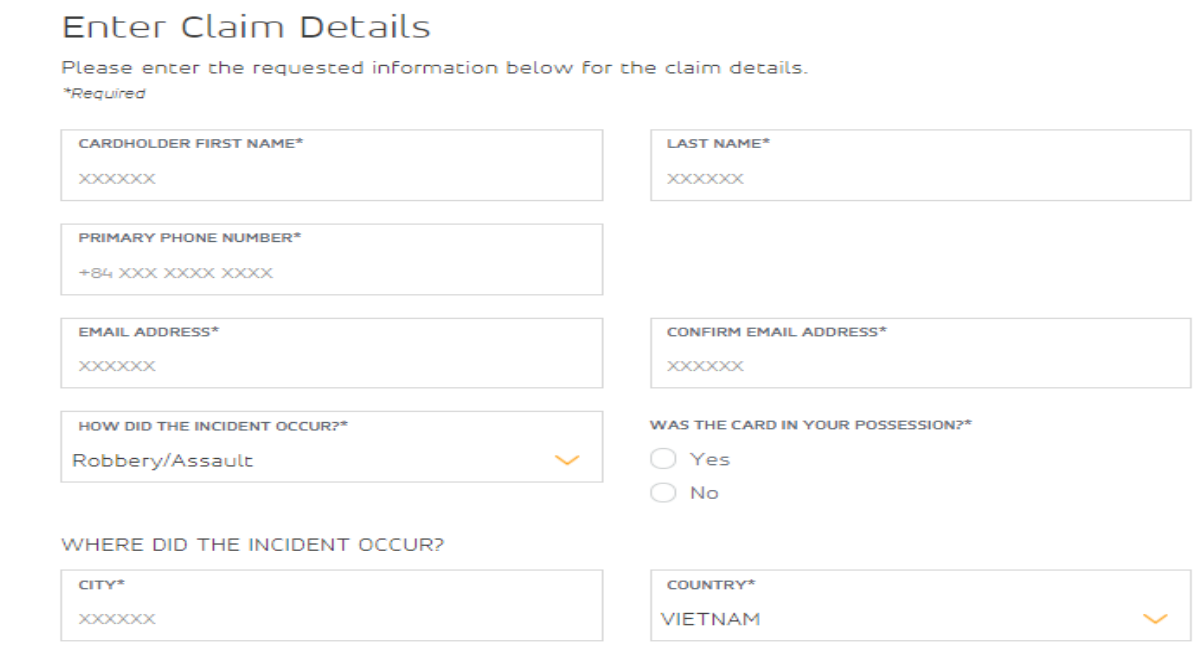




HƯỚNG DẪN YÊU CẦU BỒI THƯỜNG BẢO HIỂM RỦI RO SỬ DỤNG ATM

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 “ATM Insurance” (bảo hiểm rủi ro sử dụng ATM):</p> <p style="text-align: center;">Please Select an Option</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="310 1188 644 1293">  <p>Purchase Protection Coverage for accidental damage or theft of a covered item.</p> </div> <div data-bbox="686 1188 1021 1293">  <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> </div> <div data-bbox="1063 1188 1398 1293">  <p>ATM Insurance Coverage for robberies that occur within 30 minutes of an ATM withdrawal by card or mobile app.</p> </div> </div> <div data-bbox="310 1455 644 1591">  <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> </div>

<p>3</p>	<ul style="list-style-type: none"> - Nhập thông tin về thời gian xảy ra sự việc. - Nếu thẻ giao dịch là thẻ hợp lệ, nhấn “Yes”. - Nhấn “NEXT”.  <p>*Required</p> <p>WHAT WAS THE DATE OF THE INCIDENT?*</p> <p>(DD/MM/YYYY) </p> <p>BACK EXIT NEXT</p>
<p>4</p>	<ul style="list-style-type: none"> - Nhập các thông tin cá nhân của chủ thẻ, thông tin sự kiện xảy ra, số tiền muốn bảo hiểm và số tài khoản ngân hàng để nhận bồi thường (trong trường hợp được duyệt bồi thường)... - Nhấn “SAVE AND CONTINUE”  <p>Enter Claim Details</p> <p>Please enter the requested information below for the claim details.</p> <p>*Required</p> <p>CARDHOLDER FIRST NAME* XXXXXX</p> <p>LAST NAME* XXXXXX</p> <p>PRIMARY PHONE NUMBER* +84 XXX XXXX XXXX</p> <p>EMAIL ADDRESS* XXXXXX</p> <p>CONFIRM EMAIL ADDRESS* XXXXXX</p> <p>HOW DID THE INCIDENT OCCUR?*</p> <p>Robbery/Assault </p> <p>WAS THE CARD IN YOUR POSSESSION?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>WHERE DID THE INCIDENT OCCUR?</p> <p>CITY* XXXXXX</p> <p>COUNTRY* VIETNAM </p>

<p>PLEASE PROVIDE INCIDENT DETAILS* XXXXXX 500 characters remaining</p>	<p>DATE THE INCIDENT WAS REPORTED TO THE ISSUER* XXXXXX </p>
<p>POLICE CASE NUMBER* XXXXXX</p>	<p>POLICE STATION* XXXXXX</p>
<p>DATE REPORTED TO THE POLICE* XXXXXX </p>	
<p>CLAIM VALUE* XXXXXX</p>	<p>CURRENCY* Select </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>CANCEL CLAIM FILING SAVE & FINISH LATER BACK SAVE AND CONTINUE</p>	

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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

CARD NUMBER
XXXXXXXXXXXX8126

WHAT WAS THE DATE OF THE INCIDENT?
17/05/2021

[EDIT](#)

Claim Details

CARDHOLDER FIRST NAME
HOANG

LAST NAME
NGUYEN HUY

PRIMARY PHONE NUMBER
8409088888888

EMAIL ADDRESS
HOANGNH8888@GMAIL.COM

HOW DID THE INCIDENT OCCUR?
Robbery/Assault

WAS THE CARD IN YOUR POSSESSION?
Yes

CITY
HO CHI MINH

COUNTRY
VIETNAM

[EDIT](#)

	<p>PLEASE PROVIDE INCIDENT DETAILS</p> <p>ATM</p> <p>DATE THE INCIDENT WAS REPORTED TO THE ISSUER 17/05/2021</p> <p>POLICE CASE NUMBER 007</p> <p>POLICE STATION HO CHI MINH</p> <p>DATE REPORTED TO THE POLICE 17/05/2021</p> <p>CLAIM VALUE 10000000.0000</p> <p>CURRENCY Vietnamese dong</p> <p>BANK NAME SACOMBANK</p> <p>BANK ADDRESS (COUNTRY/REGION) VIETNAM</p> <p>ACCOUNT HOLDER NAME NGUYEN HUY HOANG</p> <p>ACCOUNT NUMBER 06028888888</p>
<p>6</p>	<p>- Tải lên các giấy tờ tùy thân 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>By providing your information, you agree to the collection, use and international transfer of your Personal Information by AIG and its trusted suppliers as set out in the AIG Privacy Policy for your country and the terms and conditions of the site.</p> <p>(FULL NAME)* NGUYEN HUY HOANG</p> <p>18/05/2021 Date (dd/mm/yyyy)</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>REQUIRED DOCUMENTS:</p> <p>PASSPORT OR NATIONAL IDENTITY COPY POLICE REPORT</p> <p>ATM WITHDRAWAL SLIP OR ACCOUNT STATEMENT SHOWING THE RESPECTIVE TRANSACTION (DATE/TIME AND THE AMOUNT)</p> <p>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.</p> <p>Additional documents may be requested upon reviewing the details of the claim.</p> <p><input type="button" value="BROWSE"/> <input type="button" value="UPLOAD"/></p>