

병원에서 치료가 모두 끝나셨다면, KB손해보험에서 요청하는 서류를 준비하셔야 합니다. 서류는 크게 병원에서 준비하셔야 할 서류와 개인별로 준비해 주셔야 할 서류가 있습니다. (KB손해보험의 외국인유학생 온라인 센터를 통해 쉽게 접수하실 수 있습니다. www.soskb.co.kr)

병원에서 준비해야 할 서류

- 1) 진료비세부내역서
- 2) 진료비영수증.
- 3) 진단서 (입원시에만 필요합니다.)

※ 병원에서 병원료 지불시 "보험청구 하려고 합니다" 라고 말씀하시면 상기의 서류를 병원에서 준비해 드립니다.

개인별로 준비해 주실 서류

- 1) 보험금청구서
- 2) 여권 앞면 복사본
- 3) 자신의 명의로 된 통장 앞면 복사본

보험금 청구하기

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 Kakao Talk ID leesil83

준비된 서류를 담당팀장님께 보내시면, 3일안으로 보험금이 통장으로 입금됩니다.

The documents from a hospital

- 1) Medical expense report
- 2) Medical expense receipt
- 3) Medical certificate (Only inpatient)

※ When you pay your medical expense, you could offer that you need the documents for insurance benefit. Then the person in charge at the hospital will give you all the documents.

The private documents

- 1) claim form of Insurance benefit
- 2) Copy of passport
- 3) Copy of bankbook

Sending documents to company

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Within 3days after you send documents to a manager, your insurance benefit will be paid in your account..

医院需要准备的资料

- 1) 诊疗费详单
- 2) 诊疗费收据
- 3) 诊断书 (住院时需要准备)

※ 在医院支付住院费时, 告知对方 "要报销保险费", 医院则会提供上述资料。

个人需要准备的资料

- 1) 保险金申请书
- 2) 护照第一页复印件
- 3) 本人名义的存折第一页复印件

向担当组长发送资料

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若将准备好的资料发送给担当组长, 3天内, 保险费将入账。

Hồ sơ bệnh viện cấp

- 1) Bảng kê chi tiết chi phí điều trị
- 2) Hóa đơn chi phí điều trị
- 3) Giấy chẩn đoán bệnh (Chi cần khi nhập viện)

※ Khi thanh toán viện phí tại bệnh viện, quý khách chỉ cần nói "Tôi sẽ yêu cầu thanh toán bảo hiểm", phía bệnh viện sẽ chuẩn bị những hồ sơ trên cho quý khách.

Hồ sơ của từng cá nhân

- 1) Giấy yêu cầu thanh toán bảo hiểm
- 2) Bản sao hộ chiếu (mặt có hình)
- 3) Bản sao sổ tài khoản ngân hàng (trang thông tin)

Gửi hồ sơ cho nhân viên phụ trách

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3 ngày sau khi quý khách gửi hồ sơ cho nhân viên phụ trách bảo hiểm, tiền bảo hiểm sẽ được chuyển vào tài khoản của quý khách.

서류를 보내 주세요.

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Claim for insurance money

TO : KB Insurance Company

Claimant

(Sign)

Insured	Name (as written in the passport) :
	Alien Registration No. : (If No, enter 6-digit number for date of birth-YYYYMMDD)
	Contact :

Details of accident or illness	Accident date	Place of accident	Diagnosis
	Describe the details of accident (write down five W's and one H in detail)		
	Write down the name of personal injury or illness and symptoms		

If other insurance is concluded, the medical expenses are compensated in proportion thereof under the users agreement. The insured agree that, if KB damage insurance pays medical expenses first within the amount of insurable amount, KB damage insurance will directly claim for and receive the parts for which other insurers are responsible. The insured delegate the authority thereto to KB damage insurance.

Remittance of insurance money	Name of bank	Account No.	Account holder
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* Please write down the name of account which is established under your name

保险金申请书

TO : KB Insurance Company

申请人

(署名)

投保人	姓名 (请填写护照上的姓名):
	外国人登录号: (无登录号时请填写出生日期的6位数字)
	可以通话的联系方式:

事故或疾病的内容	事故日期	事故地点	诊断名称
	记录事故内容 (按照5W1H原则请详细记录)		
	记录伤害或疾病的名称、症状。		

如果签订了其他保险合同, 根据条款, 医疗费将按比例提供补偿。如果KB平安险已从保险加入金的限额内首先支付了医疗费时, 顾客同意KB平安险直接向其他保险公司索要其应当负担的部分金额, 并将此权限委托给KB平安险。

保险金汇款	银行名称	账号	开户人
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※请记录以本人名义办理的账户名称。

Giấy yêu cầu thanh toán tiền bảo hiểm

TO : KB Insurance Company

Người yêu cầu

(Sign)

Người được bảo hiểm	Tên (Vui lòng nhập theo tên họ chi tiết) :
	Số đăng ký người nước ngoài : (Nếu không có, hãy ghi 06 giá trị ngày tháng năm sinh)
	Số điện thoại :

Nội dung tên bệnh hoặc sự cố tai nạn	Ngày xảy ra tai nạn	Địa điểm xảy ra tai nạn	Chuẩn đoán
	Ghi nội dung tai nạn (Ghi chi tiết theo nguyên tắc 6 chữ W)		
	Ghi triệu chứng, tên bệnh hoặc thương tật		

Nếu có hợp đồng bảo hiểm khác, tiền khám chữa bệnh sẽ được chi trả theo tỷ lệ đã ghi trong điều khoản. Nếu công ty bảo hiểm phi nhân thọ KB đã chi trả chi phí khám chữa bệnh nằm trong giới hạn số tiền đăng ký bảo hiểm thì Công ty bảo hiểm phi nhân thọ KB có thể trực tiếp yêu cầu đối với phần trách nhiệm của công ty bảo hiểm khác và đồng ý với việc nhận hóa đơn. Quyền hạn về việc này được ủy nhiệm cho Công ty Bảo hiểm phi nhân thọ KB

Chuyển tiền bảo hiểm	Tên ngân hàng	Số tài khoản	Chủ tài khoản
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* Vui lòng ghi tên số tài khoản mang tên mình

Consent Letter for Processing of Required Personal (Credit) Information for Insurance Claim

- This document is provided in English only
- 本文档仅提供英文版本
- Tài liệu này được cung cấp bằng tiếng Anh

Matters on protection of consumers' rights and interests -----

If you reject to consent, some services related to claim for insurance money may be limited
Any inquiry in personal (credit) information with this consent letter will have no impact on
the your credit rating

※ Please check each box of consent box of required check item

1. Matter of consent to collection/use of personal (credit) information -----

Our company and its consignee desire to collect/use your personal (credit) information as follows under the Privacy Protection Act and the Act on Use and Protection of Credit Information. Do you consent ?

Consent

➤ Purpose of collection/use of personal (credit) information

1. Payment of insurance money/evaluation (including agency service for filing documents for insurance money claim) and investigation of insurance accident (including investigation of insurance fraud), handling of civil complaint related to payment of insurance money and response to dispute
2. Duties related to financial transactions (application for financial transactions for withdrawal/deposition of insurance premium and insurance money and receipt of electronic transfer)

➤ Details of personal (credit) information to be collected /used

1. Identification information (including name, resident registration number, foreigner registration number, driver's license number, address, occupation and telephone number), account information
2. personal (credit) information acquired related to performance of duties of insurance accident investigation (including investigation for insurance fraud) and damage appraisal duties <including personal (credit) information which is included in various written investigation, certificates, and medical record obtained with authorization of the individuals from police, public agencies and medical institutions>

➤ Retention/ Use Period of personal (credit) information

1. From the date of consent to collection/use to 5 years after end of transactions (Provided that, if such 5 years lapse, the information may be retained, used and separately stored to the extent that it is necessary for insurance money payment, investigation of financial accident, prevention/crackdown of insurance fraud, treatment of civil complaint, and performance of obligations as required by the laws and regulations)

2. Consent to inquiry of personal (credit) information -----

Our company and its consignee desires to make an inquiry on your personal (credit) information as follows from credit information concentration institution and insurance rate calculation institution under the Act on Use and Protection of Credit Information. Do you consent to this?

Consent

➤ Purpose of inquiry on personal (credit) information

- insurance money payment/evaluation (including agency service for filing documents for insurance money claim), investigation of insurance accident (including investigation of insurance fraud)

➤ Personal (credit) information subject to the inquiry

- information of insurance contract and insurance money payment (including information of accident) and information related to illness and personal injury

➤ Expiration of consent to inquiry and period of retention/use of personal (credit) information by the person making inquiry (person receiving personal (credit) information)

- From the date of consent to collection/use to 5 years after end of transactions (Provided that, if such 5 years lapse, the information may be retained, used and separately stored to the extent that it is necessary for insurance money payment, investigation of financial accident, prevention/crackdown of insurance fraud, treatment of civil complaint, and performance of obligations as required by the laws and regulations)

3. Matters on provision of personal (credit) information

Our Company desires to provide your personal (credit) information to a 3rd party under the Privacy Protection Act and Act and the Act on Use and Protection of Credit Information. Do you consent thereto?

Consent

➤ Person receiving personal (credit) information

1. Credit information concentration institution : Credit information concentration institution including the Life Insurers Association and Damage Insurer Association
2. Public agencies: Public agencies including the Financial Service Commission, Ministry of Land, Transport and Maritime Affairs, Financial Supervisory Service, Insurance Rate Calculation Institutions and institutions performing the statutory duties (including agencies)
3. Insurance companies: Life insurance, damage insurance, domestic/overseas re-insurance companies, mutual aid companies, postal service agencies (including post office), financial institutions for establishing accounts related to financial transactions and Korea Financial Telecommunications and Clearings Institute.
4. Agencies: person consigned the duties necessary for insurance money payment/evaluation and investigation of insurance accident (companies for insurance accident investigation, damage appraisal, medical institution/doctors, attorneys, consigned call center, health insurance evaluation institute in case of automobile insurance, dispute deliberation council for medical charge criteria of automobile insurance and damage insurance companies association)

➤ Purpose of use of person receiving personal (credit) information

1. Credit information concentration institution: Duties of credit information concentration institution including concentration management and utilization of information related to insurance contact and payment of insurance money.
2. Public agencies: performance of duties as required by the laws and regulations including the Insurance Business Act and Automobile Accident Compensation Security Act (limited to automobile insurance) (including consigned duties)
3. Insurers: Duties necessary for performance of contract including insurance accident investigation (including investigation of insurance fraud), damage appraisal service, service of agency for filing documents for insurance money claim and evaluation of medical expenses, medical evaluation and advice, duties for evaluating dispute on reimbursement amount (limited to automobile insurance)
4. Duties of financial transactions (withdrawal/deposit of insurance premium and insurance money)

➤ Details of personal (credit) information provided

- Details of information of collection and use of personal (credit) information
(However, it shall be limited to the information necessary for the purpose of use by each person receiving the information)

➤ Period of retention and use of personal (credit) information by the person receiving the information

- until the purpose of use of the person receiving the personal (credit) information is achieved (but not exceeding 5 years after end of transaction)

※ Detailed information of each institution subject to provision and purpose of use is available in The homepage of our company (www.kbinsure.co.kr)

4. Matters on processing sensitive information and unique identification information

Our company and its consignee desire to process (collect/use, make inquiry and provide) your sensitive information (information of illness/personal injury) and unique identification information (resident registration number and foreigner registration number) the process of which has been consented by you under the Privacy Protection Act and Act and the Act on Use and Protection of Credit Information as follows. Do you consent thereto?

Processing of information of illness/personal injury

Consent

Resident registration number/
foreigner registration number/drivers' license number

Consent

MM DD YY

Person giving consent

(Sign)