

This form, duly completed and signed, should be returned to:

Medical Administrators International
21A One Capital Place
18 Luard Road, Wanchai
Hong Kong

You can also send this form by:

1- Scan and email to: aplus@medical-administrators.com
2- Fax: +852 3585 0253

Policy holder

Title: Mr. Mrs. Ms.

Last Name: _____ First Name: _____

Personal reference number: _____ / _____ Date of birth (dd-mm-yyyy): _____

Claims Reimbursement Method – Bank Transfer

Bank Transfer

Account Holder's name: _____

Account No. (IBAN for Euro Zone): _____

Full bank name and address: _____

BIC / SWIFT bank code: _____

Bank ID (If applicable): _____

I hereby authorize the company to reimburse the submitted claims by transfer to the designated account.

Note: Reimbursement by Telegraphic Transfer are effected in full by the insurer, net of bank charges. However additional bank charges may be passed on to you by your own bank, for which you are liable. Alternatively you may choose reimbursement by cheque which do not incur bank charges. Please tick below.

Claims Reimbursement Method – Cheque

Cheque (*) - Payee's name: _____

Mailing Address: _____

I hereby authorize the company to reimburse the submitted claims by cheque to above mailing address.

* Please note that bank transfer take up to 72 hours once claim is processed whilst cheques maybe delayed due to postal issues.

Policyholder's signature: _____ Date: _____