



Please send all claims and inquiries to:

International Administrators Limited

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Tel: (852) 2573 2535

Fax: (852) 2573 2917

E-mail: inquiry@ialhk.com

Website: <http://www.pacificcross-insurance.com>

CLAIMS SUBMISSION SLIP

Please complete the following information and attach this slip with your claims. One slip is required for each insured person (patient).

Enclosed is / are _____ bill(s) / statement(s) / receipt(s) for claims purposes.

Name of Policyholder: _____

Policy Number: _____

Name of Insured Person (Patient): _____

Member Number: _____