DENTAL CLAIM FORM

For Employee Benefits Members

You can also **Download** Emma by AXA **now** to enjoy the convenience of our e-Service platform!
- View your eligible policies and associated riders as applicable
- Check your claim status
- Ask Emma – One-click chat service where you can engage with service chatbot or connect to our live agent

AXA China Region Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with Limited Liability)

Mail the completed claim form to
Claims Department: Avenida do Infante D, Henrique, No. 43-53A,
20 Andar, The Macau Square, Macau
☎ (853) 2871 5560

1. INSURED DETAILS

Please refer to your Health Card or e-Health Card for the following information. Your claim might be delayed if any of the following information is missing.

Name of Employer			
Name of Employee		Name of Patient	
Policy No.		Cert No.	
Mobile No. of Patient		Email of Patient	

1. For member with other insurer/organisation coverage

Did you apply for compensation from another insurer(s) / organisation(s) as a result of this treatment?

☐ Yes, I have applied for compensation from another insurer/organisation.
*If ticked "Yes", please attach claims settlement letter from another insurer/organisation.

☐ No, I did not apply for compensation from another insurer(s) / organisation(s).

2. For member with other AXA Medical Insurance coverage

☐ Please "✓" this box if you would like to claim the balance of medical expense under other Medical Insurance policy(ies) you have with AXA (if applicable), please provide policy details below.

(1) Policy No. _____ Cert No. _____ Product Name _____

(2) Policy No. _____ Cert No. _____ Product Name _____

2. REQUEST FOR CERTIFIED TRUE COPY OF SUPPORTING DOCUMENT(S)

☐ **The original supporting document(s) including receipt(s) will not be returned.**
Please "✓" this box if you want a certified true copy of original supporting document(s).

Note:
(1) Certified True Copy will not issued if the claims are fully reimbursed.
(2) The originals will not be returned and will only be retained for 3 months from the claim processed date.

3. MEDICAL CONSULTATIONS

Please attach the original payment receipt(s) showing the full name of patient, date of consultation, diagnosis, breakdown of charges, and official stamp of service provider or signature of doctor.
For Wellness Program Benefit, please ensure the full name of member who claim for this benefit are printed/written on the receipt.
Please submit claim within 90 days after the date of consultation.
Please note that the final decision on the claim(s) will be subject to policy coverage, terms and conditions.
Your claim might be delayed if :

➢ Insufficiency of required information

SECTION A: TO BE COMPLETED BY THE INSURED

If any of the treatments or services were necessitated as a result of an accident, please give brief details of the accident.	

SECTION B: TO BE COMPLETED BY THE DENTISIT

Date of Treatment	Tooth No.	Particulars	Is treatment for orthodontics?	Charges
DD / MM / YYYY				
DD / MM / YYYY				
DD / MM / YYYY				

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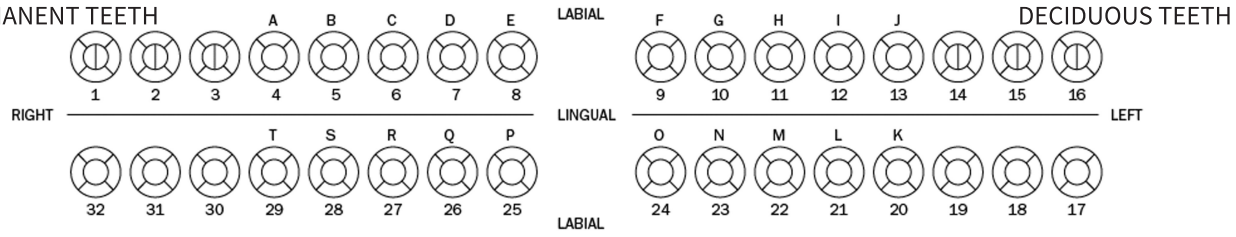
Please mark the teeth/area of oral treatment on the chart below.



Name of Dentist (please provide license number)	Telephone No.
Signature of Dentist	Date
	DD / MM / YYYY

4. PERSONAL INFORMATION COLLECTION STATEMENT

AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) (referred to hereinafter as the **"Company"**) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under Regulations in relation to Personal Data Protection. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (**"Purposes"**), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("**our affiliates**") or our business partners (see "**Use and provision of personal data in direct marketing**" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Macau or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Macau or elsewhere and in this regard you consent to the transfer of your data outside of Macau;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Macau or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Macau or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below **"Use and provision of personal data in direct marketing"**.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
   a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
   b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
   a) any of our affiliates;
   b) third party financial institutions;
   c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2 above;
   d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data"**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the Regulations in relation to Personal Data Protection, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
Avenida do Infante D, Henrique,
No.43-53A, 20 Andar, The Macau Square, Macau

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

5. DOCUMENT CHECKLIST

Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to process the claim.

Documents Required (Please "✓" against the documents you have submitted.)	
Basic Documents (Must be completed and submitted)	☐ Claim form completed by yourself and your attending dentist ☐ Original payment receipt(s) of medical expenses (including deposit receipt) ☐ Settlement advice from other insurer, if any

6. CLAIM SUBMISSION

➢ After completing this claim form, please submit it together with the supporting documents to the mailing address as stated on the form.

7. REASONABLE AND CUSTOMARY CHARGES AND MEDICALLY NECESSARY

The Company will only reimburse the Reasonable and Customary Charges actually incurred for eligible Hospital confinement, Treatment, procedure, supplies or other medical services that are covered under this Policy which are Medically Necessary. If the charges are higher than the Reasonable and Customary Charges, the Company will only pay the amount which is reasonably and customarily charged.

8. CONSENTS TO DATA PROCESSING PURSUANT TO AXA PRIVACY POLICY (applicable to individual(s) resided in the Mainland China only)

If the insured resides in the Mainland China, you must read this section and give consents by signing under this section. If you do not sign under this section, you hereby declare that the insured does not reside in the Mainland China.

I/We HEREBY DECLARE AND AGREE that where I/we provide the personal data of other persons ("**Such Other Persons**") to AXA in this form or in any ways provides to AXA for or relating to this form, or for or relating to the future services in connection with this form, (a) I/we have obtained the personal data from Such Other Persons lawfully; (b) I/we have notified Such Other Persons of AXA's Privacy Policy# and the relevant data collection document (being this form or any other documents provided to AXA for the purpose of this form) and obtained all necessary consent required by law (including, where applicable, Mainland China data protection laws) from Such Other Persons for the data processing (including any separate consent for provision of personal data to AXA) as set out in AXA's Privacy Policy#; (c) I/we will assist AXA to obtain all necessary consent from Such Other Persons if the processing of personal data of Such Other Persons goes beyond the original scope of consent provided by them; (d) I/we acknowledge and understand that a minor is a person under 14 (in Mainland China) or 18 years old (in Macau) under applicable data protection law, and I/we am/are (or I/we have been authorised by) the guardian of Such Other Person who is a minor, or the applicant/ policyholder has been authorised by Such Other Person who is not a minor (e.g. individuals aged 14-17 years old located in Mainland China) to give necessary consent on his/her behalf; and (e) I/we have taken reasonably practicable measures to ensure that the personal data I/we provide to AXA is accurate and complete.

I/we HEREBY sign below to ACKNOWLEDGE and CONFIRM I/we agree to the following statements and grant **each** of the separate consents below. I/We understand that if I/we do not agree to grant any one of the consents below, AXA and/or other companies of the AXA Group may not be able to provide the information, products or services I/we need or process my/our request.

- I/We have read and consent to the Privacy Policy#; and
- I/We agree to the processing and/or management of my/our personal data, sensitive personal data, and that of minors under my/our guardianship (if applicable) outside of Mainland China as prescribed in the Privacy Policy.

#: The Privacy policy is available here: https://www.axa.com.mo/en/legal

Signature of Patient or Signature of Employee/Policyholder (if patient is under 18 years old)

9. DECLARATION AND AUTHORISATION

I/WE HEREBY DECLARE AND AGREE on behalf of myself and other person referred to in this form that all statements and answers to all questions are to the best of my/our knowledge and belief complete and true.

I/WE HEREBY AUTHORISE that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to the Company as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this application and any claim arising therefrom. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS") stated on page 2. I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA China Region Insurance Company (Bermuda) Limited in accordance with the PICS. In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

Signature of Patient or Signature of Employee/Policyholder (if patient is under 18 years old)	Full Name in English BLOCK LETTER	Date
		DD / MM / YYYY