



Policy Number

AXA China Region Insurance Company (Hong Kong) Limited
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APPLICATION FORM FOR MATERNITY & SCHOLARSHIP

Simple steps for your claim submission:

- (1) Complete this application. Please do not sign blank form
- (2) Prepare the relevant documents listed on page 2
- (3) Prepare the Insured/ Policy Owner ID copy with signature (if not provided before), and
- (4) Submit the form with above documents to your financial consultant or AXA Customer Service Centre.

1. INSURED INFORMATION

Full Name			
Macau ID/Passport No.		Nationality	
Residential Address (if different from policy owner address)			
Permanent Address (if different)			

2. SETTLEMENT METHOD

Please “✓” this box for return of certified true copy (“CTC”) of your original document after claim is processed. Original document will not be returned.

Cheque and CTC doc. (If needed) collection method	<input type="checkbox"/> Delivery through Financial Consultant <input type="checkbox"/> By mail to the correspondence address <input type="checkbox"/> Collection at the Macau Service Centre
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3. PERSONAL INFORMATION COLLECTION STATEMENT

Please visit our website (www.axa.com.hk > Legal and Privacy Statement > Personal Information Collection Statement (Macau)) and read carefully the details of the Personal Information Collection Statement (“PICS”) which can also be made available upon request.

4. DECLARATION AND AUTHORISATION

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

I 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.

Signature of Claimant	Date (dd/mm/yyyy)

Financial Consultant Detail				
Full Name		Code		Mobile No.


5. DOCUMENT CHECKLIST

Below is a list of minimum documents required to proceed your application. In certain circumstances, more information may be required to substantiate the application.

Documents Required (Please ✓ against the documents you have submitted.)			
		Maternity Benefit	Smart Scholarship
Basic	<input type="checkbox"/> Application Form	✓	✓
	<input type="checkbox"/> Copy of ID or passport of the Insured/Policy Owner with signature (If not provided before)	✓	✓
	<input type="checkbox"/> Birth certificate of new-born	✓	
	<input type="checkbox"/> Admission letter		✓
If applicable below:			
Claiming on behalf of insured	<input type="checkbox"/> Written notification if the insured is unable to sign the claim form	✓	✓

6. CONTACT US

If you have any questions on your request, please reach us at

 (853) 8799 2812

 www.axa.com.mo

 ma.enquiry@axa.com.mo

**AXA is committed to making your insurance process as easy and stress-free as possible.
Thank you for insuring with us. We are always glad to be of service.**