



Policy Number

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AXA China Region Insurance Company (Bermuda) Limited
AXA China Region Insurance Company Limited
AXA Wealth Management (HK) Limited
 Customer Service Centre
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HOSPITALISATION CLAIM FORM I

Simple steps for your claim submission :

- (1) Complete this form. Please do not sign blank form,
- (2) Prepare the relevant documents listed on page 3,
- (3) Prepare the **Insured/Policy Owner ID copy** (if not provided before), and
- (4) Submit the form with above documents to your Financial Consultant or AXA Customer Service Centre or through Emma by AXA mobile app

1. POLICY OWNER INFORMATION

Full Name			HKID Card/Passport No.	
Mobile No.	<input type="text"/>	<input type="text"/>	Email Address	
	Country Code	Mobile No.		

AXA will use the mobile no. and/or email address filled out in this form to contact you regarding this claim and update your policy record. The mobile no./email address provided will be used to apply for eStatements/eAdvices. Please make sure the mobile no./email address provided is correct.

Please go to the Company website (www.axa.com.hk) to activate your Emma by AXA account. Email/SMS eAlert will be sent to you when your new eStatements/eAdvices are ready. You can view and download copies of the eStatements/eAdvices from your Emma by AXA account. Paper copies of relevant documents of this policy will no longer be sent to you. Terms and conditions of “eStatement/eAdvice Service” apply. Please refer to the Company website for details. The Company reserves the right to revise the relevant terms and conditions from time to time.

To opt-out “eStatement/eAdvice Service”, please mark ✓ in the box on the left.

Noted: eStatement/eAdvice is not applicable for policies with policy number starting with “9”

2. INSURED INFORMATION (IF INSURED IS NOT POLICY OWNER)

Full Name		HKID Card/Passport No.		Nationality	
Residential Address (if different from Policy Owner address)					
Permanent Address (if different)					

3. TYPE OF CLAIMED BENEFIT

<input type="checkbox"/> Hospital Benefit	<input type="checkbox"/> Cancer and Stroke Therapy Benefit
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4. ABOUT CURRENT CLAIM

First Consultation	Date (dd/mm/yyyy)			
	Name and address of the doctor			
<input type="checkbox"/> If caused by illness	Symptoms	Onset date (dd/mm/yyyy):		
	Diagnosis	Diagnosis date (dd/mm/yyyy):		
<input type="checkbox"/> If caused by accident	Accident place	Date (dd/mm/yyyy)		
	Cause of incident			
	Part of body injury and type of injury			
General information	Name and address of usual doctor			

For Other Insurance

Did/Will you apply for claim from other insurer(s) for the same event? Please "✓" this box and provide policy details below.

Insurance Company

Policy Number

Benefit(s) to claim

Result/Status

 For other AXA Medical Insurance

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

Policy Number

Product

5. SETTLEMENT METHOD

By Autopay	Bank No.	Branch No.	Account No.
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes:			
1. Bank account holder name must be same as Claimant's name			
2. Please provide Claimant's bank account proof with account holder name and account number			
3. Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar			
By Telegraphic Transfer	<input type="checkbox"/> Please submit Telegraphic Transfer Request Letter and bank account proof		

6. 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). "Certified True Copy" is accepted by insurance company in Hong Kong as an original document.
- Delivery through Financial Consultant
- Direct mailing
- Delivery by courier to customers outside Hong Kong

7. PERSONAL INFORMATION COLLECTION STATEMENT

Please visit our website (www.axa.com.hk > Customer Service > Downloads > Life Insurance > Personal Information Collection Statement) and read carefully the details of the Personal Information Collection Statement ("PICS") which can also be made available upon request.

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**".

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.

Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "**Use and provision of personal data in direct marketing**", please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement ("PICS"). **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 the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

- I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "**Use and provision of personal data in direct marketing**") and do not wish to receive any promotional and direct marketing materials.

8. 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.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

Print Name of Policy Owner	Signature of Policy Owner	HKID Card/Passport No. of Policy Owner	Date (dd/mm/yyyy)

**If Insured is not Policy Owner and Insured is over 18 years old, Insured needs to sign below:

Print Name of Insured	Signature of Insured	HKID Card/Passport No. of Insured	Date (dd/mm/yyyy)

Financial Consultant Details				
Full Name		Code		Mobile No.

9. DOCUMENT CHECKLIST

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

Basic	<input type="checkbox"/> Claim Form I <input type="checkbox"/> Claim Form II completed by attending doctor <input type="checkbox"/> Copy of Hong Kong public hospital discharge summary (Claim Form II can be replaced) <input type="checkbox"/> Copy of China hospital discharge summary, admission record and frontpage (Claim Form II can be replaced) <input type="checkbox"/> Copy of ID or passport of the Insured/Policy Owner (If not provided before) <input type="checkbox"/> Copy of Laboratory/x-ray/CT Scan/MRI report/Pathology report <input type="checkbox"/> Original medical expenses receipt(s) <input type="checkbox"/> Original hospital receipt(s) and Statement of charges <input type="checkbox"/> Copy of laboratory test breakdown <input type="checkbox"/> Copy of meal breakdown
Settlement has been arranged by other insurer	<input type="checkbox"/> Copy of Claims settlement advice from other insurer
Autopsy	<input type="checkbox"/> Claimant's bank account proof with account holder name and account number (e.g. copy of bank book, copy of debit card/EPS)
HealthSure Hospital Income Plan	<input type="checkbox"/> Supplement-Tax Residency Self-Certification for Individual/Non-Individual (For Claims) <input type="checkbox"/> IRS Form W-8 (for non-US entity/trust) <input type="checkbox"/> IRS Form W-9 (for US entity/trust)
Special Notes	1) Claimant should be Policy Owner if under Voluntary Health Insurance Scheme ("VHIS") Certified Medical Plan or policy no. is in format 123XXXXX or 123XXXXX-XX. 2) Claimant should be Insured if under non-Voluntary Health Insurance Scheme ("non-VHIS") and policy no. is in format 123-XXXXXXX or Smart Medimoney benefit. If Insured age under 18 years old, Claimant should be Policy Owner.

10. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through SMS or Post. If you have any query on your claim status and result, please reach your Financial Consultant or our customer service via the contact details provided on the first page of this claim form or login Emma by AXA mobile app for more information.

AXA is committed to making your insurance claim process as easy and stress-free as possible.

Thank you for insuring with us. We are always glad to be of service.