



Policy Number

AXA China Region Insurance Company (Hong Kong) Limited
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 No. 43-53A, 20 Andar,
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 ☎ (853) 8799 2812
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DEATH CLAIM FORM I

Simple steps for your claim submission:

- (1) Complete this form. Please do not sign on blank form
- (2) Prepare the relevant documents listed on page 4
- (3) Prepare the Insured/ Policy Owner/ Beneficiary 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. DECEASED INFORMATION

Full Name		Macau ID/Passport No.	
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Date of death	dd ____ mm ____ yyyy _____	Place of death	
Cause of death If the death is caused by accident, please provide details of the accident.			
Date of first consultation for the above illness/accident	dd ____ mm ____ yyyy _____		
Name and address of the doctor above			
Name and address of usual doctors			

3. BENEFICIARY INFORMATION

Full Name		Macau ID/Passport No.	
Nationality		Relationship with insured	
Email			
Correspondence Address If the address is located in the Mainland China, please complete Section 9 of this form			
Residential Address (if different) If the address is located in the Mainland China, please complete Section 9 of this form			
Permanent Address (if different) If the address is located in the Mainland China, please complete Section 9 of this form			
Place of birth	Country		
	City/Town		
Mobile No. *Country code Macau: 853 Hong Kong: 852 China: 86 Other: please specify	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Country Code Mobile no.

4. INSURANCE COVERAGE WITH OTHER COMPANY

Name of insurer		Policy No.		Claim status	
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5. 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.

Currency of claim cheque	<input type="checkbox"/> HKD <input type="checkbox"/> Policy currency
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

6. SELF-CERTIFICATION OF TAX RESIDENCY (FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS))

Tax regulations require the Company to collect information about the tax residence(s) of our customers. Depending on your tax residence, the Company may be obliged to pass on information on this form and information related to the policy to the relevant tax authorities.

If you have any questions about how to determine your tax residency status you should consult your tax adviser.

Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.

6a. FATCA Declaration of U.S. Tax Residency**[Applicable to Individual as Beneficiary]**

Is Beneficiary a US citizen or US tax resident? Yes No

If Yes, please submit “Supplement – Tax Residency Self-Certification for Individual (For Claims)”.

If No, you must notify us if you become a US citizen or US tax resident immediately (and in any event within 30 days of you becoming a US citizen or US tax resident).

[Applicable to Non-Individual as Beneficiary]

Is Beneficiary an entity or trust? Yes No

If Yes, please submit “Supplement – Tax Residency Self-Certification for Non-Individual (For Claims)”, and provide (a) IRS Form W-8 (for Entities) if you are a non-US entity or trust; or (b) IRS Form W-9 if you are a US entity or trust.

For information on the definition of US citizen, US tax resident, US entity or US trust, please refer to US Internal Revenue Service website www.irs.gov. If you are in any doubt, you should consult your personal professional adviser.

Please declare all your other tax residency in the following section 6b.

6b. CRS Declaration of Non-U.S. Tax Residency (Including Macau and/or Hong Kong)

Regulations based on the Organisation for Economic Co-operation and Development (“OECD”) Common Reporting Standard (“CRS”) require financial institutions to collect and report certain required information based on an account holder’s tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residency). The country(ies)/jurisdiction(s) in which you pay income tax are likely to be your country(ies)/jurisdiction(s) of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following OECD Automatic Exchange of Financial Account Information (“AEOI”) link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>

[Applicable to Individual as Beneficiary]

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Macau and/or Hong Kong, associated taxpayer identification numbers (“TIN”). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

If a TIN is unavailable, please provide the appropriate reason A or B where indicated below:

- Reason A - The country/jurisdiction where you are resident in does not issue TINs to its residents
- Reason B - You are otherwise unable to obtain a TIN or equivalent number.

Country/Jurisdiction of Tax Residency	TIN or equivalent number (Please write “N/A” if TIN is not available)	If no TIN is available, enter Reason A or B	
1.*		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
2.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
3.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
4.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B
5.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B

* Please put “NIL” in the first box if you have no tax residency other than US.

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	
4.	
5.	

I/We undertake to advise the Company and provide a duly updated "Supplement – Tax Residency Self-Certification for Individual" within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

[Applicable to Non-Individual as Beneficiary]

Please complete and submit "Supplement – Tax Residency Self-Certification for Non-Individual (For Claims)".

7. PERSONAL INFORMATION COLLECTION STATEMENT

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the 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.

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.

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

1). processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group ("our affiliates"); 2). providing subsequent services to you, including but not limited to administering the policies issued; 3). 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; 4). evaluating your financial needs; 5). designing products/services for customers; 6). conducting market research for statistical or other purposes; 7). matching any data held which relates to you from time to time for any of the purposes listed herein; 8). 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; 9). conducting identity and/or credit checks and/or debt collection; 10). complying with the laws of any applicable jurisdiction; 11). carrying out other services in connection with the operation of the Company's business; and 12). other purposes directly relating to any of the above.

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 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; and 6). any government department or other appropriate governmental or regulatory authority in Macau or elsewhere.

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

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

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.

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 the original policy document has been lost if I do not provide the Original Policy Statement or Completion of Declaration for Replacement of Policy Document.

Signature of Beneficiary (If aged 18 or above)/ the Guardian or authorised person of Beneficiary (If Beneficiary is aged below 18)		Date (dd/mm/yyyy)	
Financial Consultant Detail			
Full Name		Code	Mobile No.

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

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 provide 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[#].

In the case that the Beneficiary is aged below 18, I/We grant each of the above separate consents on behalf of the Beneficiary as his/her guardian or authorised person (as the case may be).

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

Signature of Beneficiary (If aged 18 or above)/ the Guardian or authorised person of Beneficiary (If Beneficiary is aged below 18)


10. 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.


Documents Required (Please ✓ against the documents you have submitted.)	
Basic	<input type="checkbox"/> Death Claim Form I <input type="checkbox"/> Death Claim Form II (if the Policy has been in effect for less than 2 years from the Policy date or the date of reinstatement, whichever is later) <input type="checkbox"/> Copy of ID or passport of the Insured/Policy Owner with signature (If not provided before) <input type="checkbox"/> Copy of ID or passport of Beneficiary <input type="checkbox"/> Proof of relationship between Insured and Beneficiary (e.g. Marriage Certificate, Birth Certificate) <input type="checkbox"/> Original Death Certificate <input type="checkbox"/> Original policy document
If applicable below:	
Place of death in Mainland China	<input type="checkbox"/> Original notarial death certificate
Death outside Macau	<input type="checkbox"/> Cancellation of Macau ID confirmation note from Immigration Department
Mainland China visitors/ Taiwan citizen	<input type="checkbox"/> Household registration cancellation proof
Accidental death or unnatural cause of death	<input type="checkbox"/> Police report/Traffic accident Report <input type="checkbox"/> Post Mortem or Coroner's report
Beneficiary as an US citizen/ US tax resident or Entity or trust	<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)
Beneficiary as an Non-Individual	<input type="checkbox"/> Supplement – Tax Residency Self-Certification for Non-Individual (For Claims)
Macau/Hong Kong/China tax residency	<input type="checkbox"/> Macau/Hong Kong/China Identity Card number is equivalent to TIN

11. 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.**