



Policy Number

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AXA China Region Insurance Company (Bermuda) Limited
AXA China Region Insurance Company Limited
AXA Wealth Management (HK) Limited
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CRITICAL ILLNESS/DISABILITY/
ACCIDENT 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 5,
(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

Form for Policy Owner Information including fields for Full Name, HKID Card/Passport No., Nationality, Place of Birth, Mobile No., Country Code, Mobile No., Email Address, and a note about eStatement/eAdvice service.

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

Form for Insured Information including fields for Full Name, HKID Card/Passport No., Nationality, Place of Birth, Mobile No., Country Code, Mobile No., Correspondence Address, Residential Address, and Permanent Address.

3. TYPE OF CLAIMED BENEFIT

Form for Type of Claimed Benefit with checkboxes for Major/Minor/Early Stage Illness/Surgical Procedure Benefit, Accident Benefit, and Disability Income Benefit (DI)/Waiver of Premium Benefit (WP).

4. ABOUT CURRENT CLAIM

First consultation	Date (dd/mm/yyyy)			
	Name and address of the doctor			
If caused by accident	Accident place		Date (dd/mm/yyyy)	
	Cause of incident			
	Part of body injury and type of injury			
Name and address of usual doctors				

5. SUPPLEMENTARY DETAILS FOR DI/WP/ACCIDENT CLAIMS ONLY

Employer's name and address			
Occupation prior to disability/accident		Main duties prior to disability/accident	
Date of Absence from work (dd/mm/yyyy)		Date of Return to work (dd/mm/yyyy)	

6. SUPPLEMENTARY DETAILS FOR MAJOR/MINOR/EARLY STAGE ILLNESS BENEFIT CLAIMS ONLY

Have any immediate family members suffered from a similar illness?	<input type="checkbox"/> Yes	Date of diagnosis (dd/mm/yyyy)	
		Relationship with Insured	
		Nature of illness	
<input type="checkbox"/> No			

7. SETTLEMENT METHOD

By Autopay (Autopay is applicable to Disability Income Benefit, Waiver of Premium Benefit, Accident Benefit.)	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 Cheque payment (Cheque payment is applicable to Major/Minor/Early Stage Illness Benefit.)	<input type="checkbox"/> Collect by Financial Consultant at	Collect Cheque from one of the Service Centres:	
	<input type="checkbox"/> Collect by Claimant at	<input type="checkbox"/> Causeway Bay – Times Square <input type="checkbox"/> Kwun Tong – AXA Tower <input type="checkbox"/> Tsim Sha Tsui – China Hong Kong City	
By Telegraphic Transfer (Applicable to all benefits)	<input type="checkbox"/> Please submit Telegraphic Transfer Request Letter and bank account proof		

8. SELF-CERTIFICATION OF TAX RESIDENCY (FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) FOR MAJOR/MINOR/EARLY STAGE ILLNESS BENEFIT CLAIMS ONLY)

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.

8a. FATCA Declaration of U.S. Tax Residency**[Applicable to Individual as Claimant]**

Is Claimant 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 Claimant]

Is Claimant 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.

8b. CRS Declaration of Non-U.S. Tax Residency (Including Hong Kong and/or Macau)

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/>

The Company must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department of Hong Kong automatically exchanging certain financial account information as provided for thereunder:

(i) to identify certain accounts as “non-excluded financial accounts” (“NEFAs”); (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes; (iii) to determine the status of certain NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their “controlling persons” reside for tax purposes; (iv) to collect certain information on NEFAs (“Required Information”); and (v) to furnish certain Required Information to the Inland Revenue Department of Hong Kong (collectively, the “AEOI requirements”).

The Claimant agrees to comply with requests made by the Company to comply with the AEOI requirements

[Applicable to Individual as Claimant]

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Hong Kong and/or Macau, 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

*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.	

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 Claimant]

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

9. 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

10. 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.

11. 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.

12. 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.

CI = Major/Minor/Early Stage Illness Benefit OTH = Accident Benefit/Disability Income Benefit/Waiver of Premium Benefit		CI	OTH
Basic	<input type="checkbox"/> Claim Form I <input type="checkbox"/> Claim Form II completed by attending doctor <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"/> Copy of Sick leave certificate/Police report/Traffic accident report <input type="checkbox"/> Original medical expenses receipt(s), hospital receipt(s) and Statement of charges <input type="checkbox"/> Copy of Physiotherapy/Occupational therapy report		✓
Settlement has been arranged by other insurer	<input type="checkbox"/> Copy of Claims settlement advice from other insurer		✓
Autopay	<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)		✓
Special Notes	1) Claimant should be Insured if policy no. is in format 123-XXXXXXX (exclude Waiver of Premium (WP) and Child Accident Protector (CAP) Claim). If Insured age under 18 years old, Claimant should be Policy Owner. 2) Claimant should be Policy Owner if policy no. is in format 123XXXXX or 123XXXXX-XX or Waiver of Premium (WP) or Child Accident Protector (CAP) Claim.	✓	✓

13. 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.