



Critical Illness* / Total & Permanent Disability (TPD)/ Accident/Hospitalization Claim form

POLICY NUMBER

Important Notes

1. This form is to be completed by the policyholder. Please ensure that your signature tallies with the signature that is provided to our Company.
2. To enable us to process your claim promptly, please ensure that the form is fully completed.
3. We reserve our rights to request for additional information or documents, if needed.
4. If you have any questions while completing this form, please contact our Customer Service Centre at 1-800-8804888 or visit our AXA Customer Centre at 8 Shenton Way #01-21/22 AXA Tower Singapore 068811
5. You can submit this form through any of the following methods:
 - a) By Post to:-
Life Claims Department
AXA Insurance Pte Ltd
8 Shenton Way #24-01 AXA Tower
Singapore 068811
 - b) Walk-in to our Customer Care Counter at AXA Tower (Level 1)

***For Critical Illness Claim, please use the Attending Physician Statement for the type of Critical Illness that you are claiming for**

1. Life Assured's Information

Full name of Life Assured

2. Claim Type

<input type="checkbox"/> TPD	<input type="checkbox"/> HOSPITALIZATION	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> CRITICAL ILLNESS	<input type="checkbox"/> OTHERS Please State: _____
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3. Current claim

Diagnosis

Date of diagnosis

Date of hospital admission

Date of discharge

Name and address of clinic/ hospital treating you

Most recent consultation date

4. For accident claim, complete this section

Date & Time of accident

Place of Accident

Describe how the accident occurred

Diagnosis (For Gastroenteritis, please submit doctor's memo to state the underlying cause i.e. food poisoning)

Reminder : Simple memo from TCM/ General Practitioner is required for all outpatient accident claims.



5. Employment Information

Employer's name and address	
Occupation	
List Job Duties	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please state date of Termination of Employment _____

6. Your Contact Details*

Mobile phone number	Residence phone number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

*Your Mobile Phone Number, Residence Phone No and Email Address will be updated in our policy records

7. Settlement method (Direct Credit is Mandatory for all Claim Payments up to SGD\$10,000.00)

By Direct Credit up to SGD\$10,000.00 (without Bank Book/ Bank Statement)

Name of Bank: _____

Name of Bank Account Holder:
(as per Bank Book/ Bank Statement) _____

Bank code				Branch code			Account number							

Please take note of the following:-

- (1) Direct Credit payment takes just 1 working day after claims approval for DBS/POSB customers and 2 working days for all other banks
- (2) We will Direct Credit into Policyholder/ Trustee/ Assignee's Bank account only
- (3) We do not Direct Credit into 3rd party's Bank Account or Joint Account
- (4) In the event if Direct Credit is unsuccessful, we will issue cheque and post to you directly
- (5) If a cheque payment is necessary, it will take up to 7 working days after claims approval to be posted out

By Direct Credit > SGD\$10,000.00 (please submit copy of Bank Book/ Bank Statement)

8. Track Your Claim Status

* Once your claim is registered, you will be updated through SMS upon receipt and approval of your claim, if you have any query on your claim, please reach us on :-



1800 8804888



comsvc@axa.com.sg



9. Declarations & Authorization

I declare that:

1. The information that is disclosed on this claim form is true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted.
2. I am not an undischarged bankrupt(s) and I have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me during that period.
3. I HEREBY AUTHORIZE any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of the Life Insured _____ of _____ (NRIC No/ Birth Certificate No/

Passport No for foreigner only) to disclose and make available to AXA Insurance such details and records as may be requested by the Company.

4. The AXA Group and AXA Insurance Pte Ltd have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. If I am not a tax resident of the jurisdiction in which the policy, contract or product is issued (a "Cross Border Transaction"), AXA Insurance and the AXA Group may, in accordance with applicable laws and regulations, disclose to my home country tax and/or other governmental authorities, my identity and certain information concerning the policy or contract that is the subject of this claim and I hereby consent and agree that AXA Insurance and AXA Group, in their discretion, make such disclosure.
5. The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.
6. By providing this information, I understand and give my consent for AXA Insurance and their respective representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by AXA that may be of interest to me by post and e-mail and
 By telephone By text message By fax
7. I am happy to receive customer service communication by e-mail and/ or SMS instead of hard copies by post.
8. I further agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this form shall be treated as valid and binding as if it were the original

Signature of Policyholder

Date



10. Document Requirements

Mandatory documents:-

Please tick against the documents you have submitted together with this claim form. If the mandatory documents are not submitted, your claim will only be processed upon receipt of the full documents.

We reserve the right to determine if any of the documents below can be waived.

1. HOSPITAL CLAIM:-

- Original Hospital bills & receipts
- Copy of Hospital bills and receipts and Copy of Settlement letter from Insurer/ Employer (if claiming balances from AXA)
- Copy of Inpatient Discharge Summary Report. If policy duration is > 1 year and claim amount > S\$2,000.00
- Attending Physician Statement if policy duration is < 1 year. For acute illnesses, we may accept a copy of the Inpatient Discharge Summary Report. Note : Copy of Hospital bill if claiming for Daily Room & Board, Daily Intensive Care Unit and Surgical Benefits only under Prime Care policy

2. CRITICAL ILLNESS CLAIM:-

- Attending Physician Statement (APS) (Please use the appropriate APS based on the Critical Illness which you are claiming)
- Laboratory Reports
- Eg. Histopathology Report for Cancer Claim, MRI/CT/PET Scan for Stroke Claim, ECG/ Cardiac Enzymes & Troponin Test results for Heart Attack Claim, Operation Report for Coronary Artery Bypass Claim

3. TOTAL & PERMANENT DISABILITY CLAIM:-

- Attending Physician Statement & Laboratory Reports, if any

4. ACCIDENT CLAIM

- Original Hospital Clinic bills & receipts for medical reimbursements
- Photocopy of Medical Certificate if you are also claiming for Weekly Indemnity for Temporary/ Total/Partial Disablement Benefit
- For all outpatient accident claims, simple memo is required from General Practitioner/ TCM/ Chiropractor/ Physiotherapist/ stating your diagnosis and treatment
- For inpatient accident claims,
 - (i) Attending Physician's Statement is required if policy duration is ≤ 30 days, as well as for policy duration > 30 days with claim amount > S\$500.00 OR
 - (ii) Copy of Inpatient Discharge Summary if policy duration is > 30 days and claim amount \leq S\$500.00
- Police Report (if any)

5. MUMCARE/ MUMCARE PLUS CLAIM

(i) Hospital Care Benefit for Mother and/or Child

- Copy of Hospital bill
- Copy of Inpatient Discharge Summary if policy duration is > 1 year and claim amount > S\$2,000.00
- Attending Physician Statement if policy duration is < 1 year

(ii) Congenital Illness Benefit

- Attending Physician Statement for Child & Laboratory report (if any)

(iii) Pregnancy Complications Benefit

- Attending Physician Statement for Mother & Laboratory report (if any)

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.