redefining / standards

InternationalExclusive
Reimbursement claim form (in-patient)

This claim form is not an admission of liability.
Please use a separate claim form for each separate visit to the doctor.

Date received:

Dear Doctor, we thank you for filling in medical sections B, C and D of this claim form and for signing, dating and stamping it.
Dear Member, we thank you for completing all other sections of this claim form and for signing and dating it. All fields on the front page are compulsory. We thank you in advance for your cooperation which will enable fast and accurate processing.

A. ADMINISTRATIVE

Policy/membership nos:			Policyholder/company name:
Patient date of birth: dd/mm/yyyy		Gender:	Patient name:
HKID card/passport no:		Plan:	Patient phone:
Email address:			For hospitalization only Date of admission:
Date of treatment: dd/mm/yyyy For reimbursement only			Date of discharge:

B. MEDICAL SECTION

Symptoms presented	Date the patient first became aware of any signs or symptoms for this condition: dd/mm/yyyy	Date on which the patient first presented to any doctor for this condition: dd/mm/yyyy
Medical condition/diagnosis		
Investigation (describe necessary investigations requested to define the diagnosis)		
If claim is related to pregnancy, is pregnancy related to natural conception? Yes ☐ No ☐		

C. TREATMENT ADVISED

Drugs	Dose	Frequency	Duration
Procedure (please give details of medical procedures if any)			

D. FURTHER TREATMENT PLANNED

Please give details of any further planned treatment

E. OTHER INSURER'S DETAILS

Is the treatment accident related? Yes ☐ No ☐ (If you have answered 'yes', please give details of the accident.)	Is it covered under another insurance policy? Yes ☐ No ☐
If you have answered 'yes' to either of these questions, please give the name of the insurance company involved. (Kindly submit a copy of the other insurance company's claim settlement letter/payment voucher)	

MEDICAL PRACTITIONER DECLARATION

I declare that I am the patient's medical practitioner, and that the particulars given are to the best of my knowledge true and correct.
** applicable for day procedure & admission only*

Name: Stamp:

Signature:

Date:

The member must complete all 3 pages of this form

This part of the claim form aims at gathering additional information on the member in order to facilitate the processing of the claim. We thank you in advance for providing us the most complete information.

F. ADMINISTRATIVE SPECIFIC TO REIMBURSEMENT CLAIMS

Amount claimed:

Please ensure that the amount claimed here is supported by original invoices and prescription.

Cheque beneficiary name: (IN CAPITAL LETTERS)

Telegraphic bank transfer: (Bank details will be required if previously not declared in application form)

Bank account no: Bank SWIFT code:

Name of bank: Bank address:

Payment will be made in the currency defined in your plan unless we agreed otherwise in writing.
In which currency was the treatment originally billed?

Member's and patient's details

Patient's name and address:

Telephone no: Email address:

Mobile no:

Address to which payment should be sent if different from above:

G. MEDICAL PROVIDERS DETAILS:

Name of medical provider: Telephone no:

Address of medical provider: Fax no:

H. IF YOU ARE CLAIMING FOR TREATMENT RECEIVED OUTSIDE YOUR AREA OF COVER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

(a) Country where the treatment took place:

(b) The reason for the patient being abroad:

(c) Date of departure and return to own area of cover: From : dd / mm / yyyy To : dd / mm / yyyy

Are you claiming cash benefit for in-patient treatment? Please tick Yes ☐ No ☐

If Yes, please enclose a hospital certificate confirming the dates of stay.

PATIENT'S DECLARATION

I confirm I am the patient, patient's parent or guardian and wish to claim and declare that all the particulars given above are to the best of my knowledge true and correct. I hereby consent to and authorise the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Gerenal Insurance Hong Kong Limited. I agree that a copy of this consent shall have the validity of the original.

PERSONAL INFORMATION COLLECTION STATEMENT

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). 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.

PERSONAL INFORMATION COLLECTION STATEMENT

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 Hong Kong 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 Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
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 Hong Kong 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 Hong Kong 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 PDPO, 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 General Insurance Hong Kong Limited
21/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

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 AXA General Insurance Hong Kong Limited in accordance with the PICS.

Signature: Date:

HAP/HAG-CF-RI-0516

If you have any questions regarding this form or any other aspects of the cover, please contact our Health Service Team on (852) 2867 8680 quoting your policy/membership numbers.
Claims must be submitted along with supporting documents **within 90 days** from date of service. Send this claim form together with supporting material to InternationalExclusive Health Service Team at Room 702, 101 King's Road, North Point, Hong Kong.