



Personal Accident Claim Form (Claimant's Statement)

Your claim is important to us. Here are important notes for a seamless evaluation of your request:

1. This form is to be accomplished and signed by the Claimant in **BLOCK LETTERS**. In case the Insured is under 18 years old, the legal guardian should provide the Insured's details and sign this form.
2. All fields are mandatory unless stated otherwise.
3. Submit the complete requirements listed in Section 1 within 30 days from the insured event via email at oneclaims@axa.com.ph. You may also submit these to your Financial Partner or the nearest AXA branch.
4. If submission is via email, please ensure that the documents are in PDF or ZIP format and do not exceed 10 attachments and a total file size of 20 MB.
5. Do not sign on a blank form.

No fees, commissions, or charges of whatever nature are payable to Financial Partners or Employees of the Company with respect to this claim.

1. Claim Requirements

BASIC REQUIREMENTS (Please submit the Original or Certified True Copies of the following documents)

- Completed Personal Accident Claim Form
- Attending Physician's Statement or Medical Certificate
- Police Investigation Report or Statement of Witness/es
- Valid IDs of the Insured and Beneficiary
 - Actual ID/s must be presented and photocopy/ies submitted
 - At least one (1) must be government-issued and shows date of birth, signature, and photo

FOR OFFICE USE ONLY

This serves as an acknowledgement receipt and initial advice of claims requirements if initialized.

Date Received:

Time Received:

Receiving Dept./Office:

CONDITIONAL REQUIREMENTS (Submit additional requirements appropriate to your case)

For Accidental Death

- Birth Certificate
(Issued by the Philippine Statistics Authority (PSA) or Local Civil Registry)
- Death Certificate with Post-Mortem Examination
(Issued by the Philippine Statistics Authority (PSA) or Local Civil Registry)
- Photocopy of Contract of Burial and Funeral Services
- Official Receipts of Medical Expenses
- Autopsy Report (if available)
- Photocopy of Hospital Records (if available)
- Marriage Certificate (if applicable)
- Official Receipts of Burial and Funeral Services
(Only if claiming under accidental burial expense coverage)

FOR WITNESS ONLY

This section is to be accomplished by the AXA Representative who validated the identity of claimant and authenticated the documents received.

Full Name:

Designation/Branch:

Date and Signature:

For Permanent Disablement

- Complete Medical Records - showing proof that the injured is disabled or totally disabled
- Official Receipts of Medical Expenses
- Photocopy of Hospital Records (if available)
- Photos of amputated/affected body parts of the Insured
(Must include whole body and close shots of the affected body parts)

For Medical Reimbursement

- Official Receipts of Medical Expenses
- Photocopy of Hospital Records (if available)

If the policy has the optional Motorcycle Accident Coverage:

- Statement of Witness/es (if not mentioned in Police Report) - showing proof that the injured is wearing a helmet at the time of accident
- Valid Driver's License

For Hospital Income Benefit

- Statement of Account (SOA) with Admission and Discharge Date

Notes:

The Company reserves the right to ask for additional documents as deemed necessary.

Submit the complete requirements to AXA Philippines as soon as possible to avoid delays in the processing or denial of your claim.

The request for submission of supporting documents should not be construed as an admission of liability on our part, neither shall it waive, invalidate, forfeit, or modify any of our rights under the terms and conditions of the policy under which you are filing a claim for indemnity.

Claims requests are processed within nine (9) working days for amounts PHP 50,000 and below and a maximum of 24 days for amounts above PHP 50,000 upon completion of the requirements.

2. Insured's Information

Full Name of Insured (Last Name, First Name, Middle Name)		Nature of Work <i>Please include name of employer/business and position title.</i>	
Sex	Date of Birth (MM/DD/YYYY)	Place of Birth	
<input type="radio"/> Male <input type="radio"/> Female			
Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i>			
Email Address	Mobile No.	Home Phone No. (Optional)	
Full Name of Father (Last Name, First Name, Middle Name) <i>if Insured is under 18 years old</i>		Full Name of Mother (Last Name, First Name, Middle Name) <i>if Insured is under 18 years old</i>	
Legal Guardian's Valid ID	Legal Guardian's Valid ID No.		
Do you have any other insurance policies or HMO covering this loss or expenses incurred? <input type="radio"/> Yes <input type="radio"/> No			
<i>If Yes, please provide the details below:</i>			
Name of Insurer/HMO	Type of Policy		
Is the Insured or their immediate family/close associate a Politically Exposed Person (PEP)? <input type="radio"/> Yes <input type="radio"/> No <i>A PEP is an individual who is or has been entrusted with prominent public position in (a) the Philippines with substantial authority over policy, operations, or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization.</i>			
Is the Insured a US citizen or US Tax resident? <input type="radio"/> Yes <input type="radio"/> No <i>(If YES, please fill out and submit a W8 or W9 Form which can be requested from the Claims Services Department)</i>			

3. Claimant's Information (To be filled out ONLY if different from the Insured)

Full Name of Claimant (Last Name, First Name, Middle Name)		Please mark whichever applies	
Sex	Date of Birth (MM/DD/YYYY)	Place of Birth	Nationality
<input type="radio"/> Male <input type="radio"/> Female			
Nature of Work <i>Please include name of employer/business and position title.</i>			
Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i>			
Email Address	Mobile No.	Home Phone No. (Optional)	

Is the Claimant or their immediate family/close associate a Politically Exposed Person (PEP)? Yes No
 A PEP is an individual who is or has been entrusted with prominent public position in (a) the Philippines with substantial authority over policy, operations, or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization.

Is the Claimant a US citizen or US Tax resident? Yes No
 (If YES, please fill out and submit a W8 or W9 Form which can be requested from the Claims Services Department)

4. Claim Details

Date of Accident/Illness (MM/DD/YYYY) **Place of Accident/Illness** **Nature of the injury/illness of the Insured**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Briefly discuss how the accident/illness occurred/happened

<input type="text"/>

Was the Insured confined? Yes No

If Yes, please provide the details below:

Date of Confinement (MM/DD/YYYY)

Name of the Hospital

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name of Physician

Mobile No.

Clinic/Hospital Phone No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Clinic/Hospital Address

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

<input type="text"/>

5. Payment Instructions (Choose 1 of 2 options)

Please fill out the following data fields and submit the proof of account of your chosen payment method (Bank Passbook, Bank Certificate / Statement of Account, or Screenshot of the verified GCash Profile showing the account number and account owner's name)

FUND TRANSFER (Applicable for Peso-denominated and Dollar-denominated policies)

Reminder: Fund transfer is only allowed to the bank account of the Policy Owner. Please provide a proof of bank account in the same currency as the policy currency (e.g. USD proof of account is required for USD policy currency).

REQUEST FOR DIRECT CREDIT TO BANK ACCOUNT

Account Type	Bank Name	Account Number of Payee
<input type="radio"/> Peso <input type="radio"/> Dollar	<input type="radio"/> Metrobank <input type="radio"/> Others: _____	<input type="text"/>

Branch Name:	Branch Address	Branch Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Swift Code (for Non-Metrobank)	Account Name of Payee
<input type="text"/>	<input type="text"/>

Additional for International Wire Transfer

Routing/IBAN Number (if any)	Recipient Policy Owner's Complete Address Abroad
<input type="text"/>	<input type="text"/>

GCASH TRANSFER (Applicable only for Peso-denominated policies)

Reminder: Credit to GCash is applicable up to Php 10,000 only. Bank charges may apply and will be deducted from the proceeds. Please ensure that the amount to be credited is within the incoming transaction limit.

Account Name

11-Digit Mobile No. (Example: 091XXXXXXXX)

6. Authorization

Where applicable. I hereby authorize any hospital physician or another person who has attended or examined me to furnish to AXA Philippines or its Authorized Representative all information about any injury, medical history, consultation, prescription, or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

7. Declarations and Agreement

I hereby declare and agree that:

1. Before signing this Claim Form, I have carefully read, understood, and agree with all the instructions and questions that are written. I also acknowledge and confirm that all statements and details provided in this Claim Form are, to the best of my knowledge and belief, accurate, complete, and true, correctly recorded, and shall form part of and be the basis of claim assessment and approval.
2. Any personal information collected or held by AXA Philippines, whether contained in the application/s or otherwise, may be utilized, stored, disclosed, transferred (whether within or outside the Philippines) to individuals, organizations, corporations, or entities as AXA Philippines may consider necessary, including but not limited to any of its affiliated or related companies, within or outside the Philippines:
 - a. to process and deal with my claims request;
 - b. to provide all services related to said request; and
 - c. to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction including but not limited to Insurance Commission rules and regulations, the Anti Money Laundering Act, and the Data Privacy Act.
3. I have the right to access my personal information at any time; correct or rectify any information collected or held by AXA Philippines which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is incomplete, outdated, or false; and such other rights as may be available under the Data Privacy Act. Such requests must be made in writing and submitted to AXA Philippines.
4. The proceeds of this application/policy are deposited to the aforementioned account, it shall be considered as a direct payment to me, and I shall hold AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, perpetually free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy. This payment may be pleaded as an absolute bar to any suit or suits, judgment, execution, or legal proceedings that may hereafter be filed against AXA Philippines, its assigns, successors-in-interest, or by anyone claiming by, through or under against any of the parties in connection with my claim.
5. Should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
6. I, the undersigned, accept full responsibility for the accuracy of the account name and number provided above. I understand that any errors in the information may cause delays in receiving the policy proceeds, and I accept full responsibility for any resulting consequences.
7. Notices related to my claim may be sent to me through mail, email, or SMS in the address and contact number I provided above.
8. Section 27 of the Insurance Code states that a concealment whether intentional or unintentional entitles the injured party to rescind a contract of insurance.
9. Section 74 of the Insurance Code states that the violation of a material warranty, or other material provision of a policy, on the part of either party thereto, entitles the other to rescind.
10. Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes, or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

8. Privacy Policy

Your privacy is a priority for AXA Philippines. To understand more on how we use and protect your personal data, you may refer to our Privacy Policy at <https://www.axa.com.ph/privacy-policy>.

9. Acknowledgement and Signature

By signing this form, I/we acknowledge that above declarations have been thoroughly discussed with me and explained to me by the AXA Financial Partner.

- I/We consent to receive notices and announcements for marketing and/or cross selling purposes via Short Messaging Services (SMS), email, other electronic platform, or telephone call from AXA Philippines, its affiliates, subsidiaries, including any person or entities providing services on AXA's behalf.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature over printed name of Policy Owner

**Signature over printed name of Insured
(if minor, Legal Guardian)**

How do I track the status of my request?

Please expect an update from oneclaims@axa.com.ph via email.
If you have any query on your request, you may get in touch with us through



Your AXA Financial Partner

Live chat at

<https://www.axa.com.ph/contact-us>



Your nearest AXA branch

You may also access your policy information and conveniently conduct online transactions through the Emma by AXA PH app and web at <https://www.axa.com.ph/emma>.

Thank you for choosing AXA, a global leader in insurance and investment and your partner in protecting what matters.