



redefining / insurance

PT. Asuransi AXA Indonesia

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Personal Accident Claim Form

Policy No.

To speed up the process, please (1) Complete this form, (2) Prepare the relevant documents listed on page two, and (3) Submit them to AXA Office as soon as possible. Thank you.

A. INSURED/ CLAIMANT DETAILS

Full Name			
Mobile No.		Email	
Correspondence Address			

B. ACCIDENT & INJURY DETAILS

Date and Time of Accident	Date :	Location of Accident			
	Time :				
Type of Loss	<input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disablement		<input type="checkbox"/> Permanent Partial Disablement <input type="checkbox"/> Medical Expenses		
Description of Accident					
Description of Injury Sustained (e.g. body part injured, injury type)				Total amount claimed (in original currency)	
Do you have other insurance covering this injury? <i>If yes, please provide</i>	Insurance Company :				
	Policy No. :				
	Commencement Date :	Claim Amount :			

C. BANK ACCOUNT DETAILS

Please provide your bank details for us to accelerate your claims payment by direct transfer to your account after claim approval.

Name (as per bank account)		Bank Name	
Account No.		Bank Branch	

D. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We hereby declare that the below statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Authorization] I/We hereby authorize any hospital physician or other person who has attended or examined to the Insured, to furnish PT ASURANSI AXA INDONESIA or its authorized any representative, and all information with respect to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical record. A copy of this authorization shall be considered as effective and valid as the original.

[Customer's Data Privacy Consent] I/We hereby authorize PT Asuransi AXA Indonesia to use my/our personal data and information (such as name, address, phone number, etc.) as stated in this form or in other means, including other parties which have an agreement relationship with PT Asuransi AXA Indonesia and/or its affiliates, in relation to any activities related to the policy issued under this form.

Date: _____

Signature of Insured/ Claimant: _____

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Accident	Documents Required <i>(Please tick against the documents you have submitted.)</i>
Basic for all types	<input type="checkbox"/> Photocopy of Residential Identity Card (KTP) <input type="checkbox"/> Family Composition Card (KK) <input type="checkbox"/> Original Invoices and Receipts from physician, hospital, laboratory, pharmacy <input type="checkbox"/> Police Report – <i>if applicable</i>
(plus) as applicable below:	
Death	<input type="checkbox"/> A certificate of post-mortem examination (Visum et repertum) <input type="checkbox"/> Death Certificate from Local Authority (Lurah) <input type="checkbox"/> Letter of Testimonies from Witnesses <input type="checkbox"/> Heirs Report
In the event that the Insured disappears	<input type="checkbox"/> A letter certifying the occurrence of the accident and cessation of search from the competent authority <input type="checkbox"/> A letter of undertaking by the heirs that they will repay the benefits already paid if the Insured is later found to be alive
Permanent Disablement	<input type="checkbox"/> A Certificate of examination by the physician administering the treatment or medication <input type="checkbox"/> Letter of testimonies from Witnesses
Medical Expenses	<input type="checkbox"/> Medical Reports/ Medical Discharge Summary

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through Email. If you have any query on your claim, please reach us on:



1500 733



customer@axa-insurance.co.id

AXA is committed to making your personal accident insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.