



# AXA Smart Traveller Claims Guide

## What shall I do in case of an emergency?

In case of emergency, you may call Smart Traveller Hotline (+632) 8807 55 99 from anywhere in the world for assistance.

Please provide your Policy number/Reference number so AXA can facilitate coordination and assistance.

## How will I file my claim?

You should file your claim through our authorized assistance partner, AXA Assistance or to AXA's Claims Team within 30 days of the occurrence of loss through the following emails:

[opstravel@aac.com](mailto:opstravel@aac.com)  
[mops.claims@axa.com.ph](mailto:mops.claims@axa.com.ph)

## What are the requirements that I need to submit to AXA?

### Mandatory Claim Requirements

1. Accomplished AXA Travel Claim Form
2. Copy of Airline Ticket
3. Copy of Passport

The following documents will be required depending on the nature of your claim:

### Emergency Medical Expense

1. Copy of original Medical Report or Medical Certificate from the attending doctor abroad
2. Copy of original medical invoices and receipts for all amount claimed (itemized)
3. Copy of doctor's prescription for home medication

### Emergency Medical Evacuation & Repatriation

1. Copy of original Medical Report from attending doctor abroad with written full diagnosis
2. Copy of original medical invoices and receipts amount claimed
3. If with surgical operation, copy of operative report
4. Copy of the laboratory procedure
5. Copy of laboratory results
6. Copy of Police Report or Incident Report
7. Copy of original itemized Hospital's Statement of Account (SOA)
8. Copy of original receipts for additional expenses claimed for the cost of burial or cremation or transporting of mortal remains
9. Copy of original copy of receipts for additional travel and accommodation

### Hospital Allowance

1. Copy of original and certified Hospital's Statement of Account (SOA) or bill showing the exact duration of hospital confinement
2. Copy of Doctor's official and written diagnosis

### Trip Delay

1. Copy of Certification from the Airline/Carrier stating scheduled departure time, actual departure time and the reasons for the delay of the flight

### Trip Cancellation / Trip Postponement / Trip Curtailment

1. Copy of proof of advance payment made for transportation and accommodation expenses
2. In case of an emergency medical treatment, a copy of original doctor's report made on the insured or his/her immediate family member
3. In case of death, copy of Death Certificate issued by Philippine Statistics Authority ("PSA") or its equivalent in a foreign country.
4. Proof of relationship of the immediate family member to be insured:
  - a. Spouse - Marriage Contract with the Insured issued by PSA
  - b. Sibling - Birth Certificate issued by PSA
  - c. Child - Birth Certificate issued by PSA
5. Any satisfactory legal document proving trip termination with the non-refundable portion specified such as:
  - a. Travel agency's certification
  - b. Letter from the airline to the travel agency or client stating that the carrier can't refund the airfare
  - c. Statement from the hotel or documentation regarding non-refundable policies when reservation was made and paid
6. If it is caused by a judicial order, a copy of the court order requiring your attendance
7. If it is caused by a serious damage to your residence due to fire or a natural

catastrophe, photos of your damaged residence

8. If it is caused by a travel restriction due to an epidemic or pandemic, a copy of a travel ban issued by the country of destination

### Baggage Delay

1. Copy of original baggage irregularity report issued by the airline or carrier in case the delay occurred while such baggage was under their custody
2. Copy of original acknowledgement receipt or form stating the exact date and time when the baggage was retrieved

### Loss / Damage to Baggage

1. Copy of original baggage irregularity report issued by the airline or carrier in case the loss or damage occurred while such baggage was under its custody
2. Copy of certification from carrier, hotel, or any other party or any proof satisfactory to the Company that the loss or damage to the baggage was not indemnified or settlement was made or certification specifying amount settled
3. For other circumstances, copy of the original police report for such loss/damage and the list of items stolen
4. Copy of original official receipts for the purchase of the lost or damaged bag
5. If no official receipt or not available, submit notarized affidavit of lost receipt. Details of the official receipt such as date of purchase, brand, model, and type of lost or damaged bag should be specified on the affidavit.
6. If already repaired, copy of original official receipt for the cost of repair with corresponding details
7. Copy of original Official Receipt for the new purchase of the lost or damaged articles within the baggage. Details of the Official Receipt such as amount and brand.
8. Photos showing the damaged baggage and bag. The Company will cover up to the actual cost of the repair or cost of the lost baggage but not to exceed the maximum benefit limit.

### Personal Accident

1. Copy of Police Report
2. Copy of original Medical Report from attending doctor abroad/Original written final diagnosis
3. Copy of Death Certificate issued by PSA, Postmortem Report, or relevant coroner's report
4. Photo of the victim showing the full body and disabled part(s)
5. For Disablement- Full/final medical report establishing disablement

Personal Accident claims should be coordinated with AXA Assistance.

### Loss of Travel Documents

1. Copy of original itinerary issued by the Travel Agency prior to commencement of the trip, if claiming for lost travel tickets
2. Copy of Police Report
3. Copy of original receipts for additional costs incurred in replacing lost travel documents

### Personal Liability

1. If there are accidental bodily injuries to another person:
  - a. Copy of original Hospital Bills and Statement of Account (SOA)
  - b. Copy of official receipts for medical expenses incurred
  - c. Medical Certificate and Prescription
2. If death to another person shall have resulted:
  - a. Copy of Death Certificate issued by PSA
  - b. Copy of autopsy report, if needed
  - c. Copy of original Official Receipts incurred for such liability
3. If there is accidental loss or damage to another person's property, copy of all original and official receipts of payment made necessary to repair or replace the damaged/lost property
  - a. Copy of original Police Report
  - b. Other documents deemed necessary by the Company to establish liability



# AXA Smart Traveller Claim Form

Application Number: \_\_\_\_\_

This form must be completed truthfully and accurately. If the space is not enough or no applicable field is available, please supplement information by attachment.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim. The completed form should be returned to AXA Philippines together with all supporting documents soon as possible.

## FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Receiving

Dept./Office: \_\_\_\_\_

## Section I - General Information (REQUIRED)

### General Documentary Requirements: Please tick against the documents you have submitted:

- Certificate of insurance or premium receipt
- Travel Proof, such as air-ticket, boarding pass, travel agent or airline's official receipt
- Letter from employer/company regarding the nature and duration of trip, if claiming under a corporate travel policy

Policy/Certificate No.:

Name of Policyholder:

Name of Policyholder:

Destination of flight:

Nationality:

Insured's ID No/Passport No:

Name of Father

(applicable if the Insured is below the age of 18)

Name of Mother

(Only applicable if the Insured is below the age of 18)

Parent/Legal Guardian's

ID No./Passport No.:

E-mail Address:

Mobile Phone No.:

Office/Home Contact No.:

Mailing Address:

Case reference No.:

Do you have any other insurance policies covering this loss or expenses incurred?

Yes  No

If yes, please provide the details below

Name of Insurer:

Policy:

## Section II A – Medical Expenses

**Please tick against the documents you have submitted:**

- Original hospital / medical bill (s) / receipt (s) / medical report stating diagnoses and the date of the Injury / sickness commenced and certified by a qualified practitioner.
- Letter of referral from general practitioner for the medical treatment conducted by specialists, physiotherapists, etc. – for hospitalization claim.

<b>Date and time of the injury/illness:</b>	<b>Date of first consultation with doctor/hospital:</b>	<b>Nature of injury/illness:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**In the case of injury, where and how did the accident occur?**

**Was the injury due to any other person's fault?**  Yes  No

**If yes, please provide the details of the third party, including the name, address and contact number**

**Claim Amount of Medical Expenses (Please indicate the currency)**

**Do you need to receive further medical treatment?**  Yes  No

**If yes, how long will the further medical treatment last?**

## Section II B – Loss of Baggage

**Please tick against the documents you have submitted:**

- Loss/damage reports issued by the relevant authorities or organizations (e.g. police, airline, etc.).
- Description of lost item.
- Original Purchase Invoice / receipt of the lost/ damaged items.

<b>Date and time of loss/damage:</b>	<b>Location of loss/damage:</b>
<input type="text"/>	<input type="text"/>

**Full description of how the loss/damage occurred:**

**Was the loss reported to police / Common Carrier?**  Yes  No

**Name and contact information of the reported police station/common carrier:**

**If Yes, please specify**



**Apart from the above mentioned, was the loss due to any other person's fault?**

**If yes, please provide contact information of the third party.**

**Details of the lost/damaged items (If the space is not enough, please supplement information by attachment)**

Item(s) lost/damaged:	Date of Purchase	Purchase Value	Repair Quotation

**Section II C - Travel Delay and Baggage Delay**

**Please tick against the documents you have submitted under Section II C**

- Documentation indicating the reason (s) for and number of hours of delay (e.g. confirmation from common carrier)

<input type="radio"/> <b>Travel Delay</b>  <input type="radio"/> <b>Baggage Delay</b>	<b>Reason for Delay</b> <div style="border: 1px solid black; height: 30px;"></div>	<b>Location</b> <div style="border: 1px solid black; height: 30px;"></div>
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	Date	Departure time	Arrival time	Flight No.
<b>Original arrival/departure time</b>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
<b>Actual arrival/departure time:</b>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>

**Section II D - Journey Cancellation, Curtailment and Postponement**

**Please tick against the documents you have submitted under Section II D**

**Journey Cancellation and Curtailment**

- Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured journey.
- Documentation confirming:
  - a) trip cancellation
  - b) non-refundable/refunded amount
- Copy of the original itinerary.
- Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable.
- Death certificate, if applicable.
- Proof of relationship to the Insured, if applicable.

**Journey Postponement**

- Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred after the commencement of the insured journey outside the Philippines.
- Documentation from common carrier or travel agent indicating the reason for travel rearrangement.

**Reason for journey cancellation, curtailment, or postponement**

- Journey Cancellation
  Journey Curtailment
  Journey Postponement

From

To

Period of original journey



Period of curtailed/postponed journey



**If the journey curtailment/journey cancellation was due to death/serious injury or sickness of the insured/immediate family member/close business partner/ traveling companion, please state clearly the following:**

Full name of sick/injured/deceased person

Relationship to the Insured

Diagnosis




**Section II E - Personal Accident (Fatal and Permanent Disability)**

**Please tick against the documents you have submitted under Section II E**

- Relevant incident report and police report
- Death Certificate if applicable
- Proof of claimant's relationship to the Insured, if applicable
- Medical report regarding the extent of permanent disability suffered

Date and time

Place of accident



**Full description of how the accident occurred, and the injuries sustained**

Name of Claimant in fatal case

Claimant's relationship to the Insured

Claimants' ID No/Passport No.




Cause of death, if applicable

Permanent disability (degree and extent), if applicable



**Section III - Declaration, Authorization, Data Privacy and Section 251 of Insurance Code**

**DECLARATION and ANTI-FRAUD NOTICE**

I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct and that I have not withheld from the Company any material information in connection with this claim.

I hereby confirm that I am fully aware of the consequences of any misrepresentation or concealment on my part pursuant to Sections 29 and 251 of the Insurance Code, as amended, which reads:

Section 29. An intentional and fraudulent omission, on the part of one insured, to communicate information of matters proving or tending to prove the falsity of a warranty, entitles the insurer to rescind.

**Section 251. It is unlawful to:**

(a) Present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance; and  
 (b) Fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any such claim. Any person who violates this section shall be punished by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court.

**AUTHORIZATION**

Where applicable. I/We hereby authorize any hospital physician or another person who has attended or examined me to furnish to AXA Philippines or to its Authorized Representative any and all information with respect to 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.

**DATA PRIVACY CONSENT**

In connection with my/our and/or the claimant's claims I/We give consent for AXA Philippines and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of AXA Group or any third party service provider, or whether within or outside the Philippines and the policyholder when claiming under Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluation, processing, administering and/or managing my/our and/or claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be)

Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of the individual in the manner required by the Data Privacy Act of 2012.

\_\_\_\_\_ **This report was filed on (mm/dd/yyyy)**

\_\_\_\_\_ **at (AXA Philippines Office or branch)**

**Name of Insured / Claimant (if applicable)**

**Signature of Insured / Claimant (if applicable)  
 (If the Insured is below the age of 18, the Insured's Parent/Legal Guardian should sign on his/her behalf)**

**Insured /Claimant's ID Card No./Passport No.**

**Date**

**Name of Parent/Legal Guardian  
 (If Insured is below the age of 18)**

**Signature of Parent/Legal Guardian  
 (If the Insured is below the age of 18)**

**Parent/Legal Guardian's ID Card No./Passport No.**

**Date**