



Policy Number(s)

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Death Claim Form

(Claimant's Statement)

IMPORTANT NOTES

We understand that this claim is important to you. In order for us to speed up the process, please (1) complete this form, (2) prepare the relevant documents listed on Section 1, and (3) submit the complete requirements to your Financial Partner or AXA Service Center.

This form is to be filled out by the beneficiary. If the beneficiary is under 18 years old, parent/guardian should accomplish the form in behalf of the minor. Please 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.

To be filled out by an AXA personnel

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

Date Received:

Time Received:

Receiving Dept./Office:

1. CLAIM REQUIREMENTS

BASIC REQUIREMENTS:

- Claimant's Statement - duly accomplished and signed by the beneficiary/ies
- Death Certificate of the Insured - duly certified and bears the proof of registration from Local Civil Registry and/or Philippine Statistics Authority (PSA)
- Valid ID of the Claimant - present the actual ID(s) and submit photocopy(ies)
 - Present at least one government-issued ID with date of birth, signature, and photo

CONDITIONAL REQUIREMENTS:
(Submit additional requirements appropriate to your case.)

- If death occurred at the hospital during confinement:
 - Attending Physician's Statement Form
- If cause of death is due to accident or violent incident:
 - Police Report
- If spouse is beneficiary:
 - Marriage Certificate
- If the primary beneficiary pre-deceased the insured:
 - Death Certificate(s) of the Insured - duly certified and bear(s) the proof of registration from Local Civil Registry and/or Philippine Statistics Authority (PSA)
- Complete Medical records of Insured - to include but not limited to copy of actual admitting history, discharge summary and all laboratory or work up results (in-patient or out-patient consultation from clinics or hospitals)

- If beneficiary is a minor**:
- Birth Certificates of Minor Beneficiary or Insured - duly certified and bears the proof of registration from Local Civil Registry and/or Philippine Statistic Authority (PSA)
- Affidavit of Guardianship - if insurance share of minor is less than or equal to Php 500,000; or
- Guardianship Bond - if insurance share of minor exceeds Php 500,000
- If claimant is a representative of beneficiary:
 - Special Power of Attorney (SPA)

***Not applicable to Waiver of Premium due to Disability / Death Claim*

NOTE: Claims Department reserves the right to request for any additional documents or proof thereof, as it sees fit.

2. CLAIMANT'S INFORMATION

For multiple beneficiaries, kindly have each beneficiary accomplish sections 3-6. (e.g. if there are three beneficiaries, three copies of the mentioned sections shall be submitted together with the rest of the Claim Form / requirements.)

Full Name of Beneficiary (last name, first name, middle name)

Please mark whichever applies

Owner Others (Relationship to insured): _____

Date of Birth (mm/dd/yyyy)

Place of Birth

Home Tel. No.

Nationality of the Beneficiary

Gender

Male Female

Nature of Work

Mobile Tel. No.

+632 8-5815-AXA (292)
 +63 917 1709-292 (Globe)
 +63 998 588-292 (Smart)

customer.service@axa.com.ph

www.axa.com.ph

Visit our AXA Service Center Branches

Residence/Present Address	Email Address																		
Is the beneficiary a US citizen or a US tax resident? (If yes, please provide and attach a copy of your US TIN/SSN)																			
<input type="radio"/> Yes	<input type="radio"/> No																		
US TIN/SSN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> </tr> </table>																			

3. INSURED'S INFORMATION

Full Name of Insured (last name, first name, middle name)	Date of birth (mm/dd/yyyy)
Cause of Death	Date of death (mm/dd/yyyy)
Was the cause of death due to any of the following? Please choose the one that applies.	
<input type="radio"/> Illness <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Others (Please specify): _____	

Medical History of the Deceased

Name and location of all hospitals/clinics where the deceased was treated.

Date	Hospital/ Clinic	Diagnosis

4. PAYMENT INSTRUCTIONS (Choose 1 of 2 options)

FUND TRANSFER (Applicable for both Peso and Dollar policies). Please fill out Direct Credit to Account Section and submit proof of bank account ownership.
Reminder: Fund transfer is only allowed to the bank account of the beneficiary

REQUEST FOR DIRECT CREDIT TO BANK ACCOUNT

Account type:	Bank Name:	Account Number of Payee:																		
<input type="radio"/> Peso account <input type="radio"/> Dollar account	<input type="radio"/> Metrobank <input type="radio"/> Others: _____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100%; height: 20px;"> <tr> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> </tr> </table>																		
Branch Name:	Swift Code (for Non-Metrobank)	Account Name of Payee:																		

DOLLAR CASH PICK-UP (Applicable only for dollar-denominated policies).
Reminder: Funds may be picked up in any Metrobank branch. Bank charges apply. Bring a valid ID and the reference code sent by Metrobank via SMS.

Kindly attach on this box the payee's proof of account which can be in form of the following: deposit slip or screenshot of bank account number. (Including the payee's and name of online bank)

Kindly put a checkmark to ensure that you have completed the necessary requirement on this form:

I have attached the payee's proof of account which shows the deposit slip or screenshot of the bank account number with the payee's name including the name of the bank using online banking.

Declarations and Agreements:

1. I declare that the proceeds of this application/policy once deposited to the account aforementioned shall be equivalent to payment to me directly of the same and I shall render AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, 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.
2. I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
3. I hereby declare that the deposit slip or screenshot of online bank I have attached on the proof of account section validates correct information regarding my bank account.
4. I, the undersigned, also take full responsibility in the accuracy of the account name and number indicated above. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the policy proceeds and I shall bear the consequences.
5. I understand that the information I provided will be validated and authenticated by AXA Philippines.

Signature over printed name of beneficiary (if minor, designated guardian)

Date of signing (mm/dd/yyyy)

5. AUTHORIZATION

To whom it may concern:

I hereby authorize AXA Philippines and/or its duly authorized representative to secure necessary or relevant information and/or records from any employer, physician, hospital/clinic, other medically related facility, and organization/institution or person, who has records and/or knowledge with regards to sickness and/or injury of the deceased, _____ . I understand that such information will be necessary to process the claim relative to the policy(ies) of the deceased.

(Full Name of Insured)

Signature over printed name of beneficiary (if minor, designated guardian)

Date of signing (mm/dd/yyyy)

6. DECLARATIONS

1. Before signing this Claim Form, I declare that I have carefully read, understood, and agree with all the instructions and questions that are written. I further understand, declare and agree that all statements and answers made in this Claim Form, and all documents attached, are to the best of my knowledge and belief, complete and true, correctly recorded, and shall form part of and be the basis of claim assessment and approval. All the information I provided on this application form are to the best of my knowledge true and correct.
2. Any of my personal information collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including without limitation but not limited to any of its affiliated or related companies, or any individuals/organizations/corporations/entities associated with AXA 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.
3. I understand that I have the right to access our 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 complete, outdated and false; and such other rights as may be available under the Data Privacy Act. I understand that such request may be made in writing and submitted to AXA Philippines.
4. I understand that notices related to my claim may be sent to me through mail, email or SMS in the address/number I provided above.

Signature over printed name of beneficiary (if minor, designated guardian)

Date of signing (mm/dd/yyyy)

7. CONSENT FOR DISTRIBUTOR TO ACCESS INFORMATION (To be filled out by the Claimant)

In relation to the claims request of which I am the named beneficiary, I understand and agree to provide relevant policy information such as but not limited to my name, address, date of birth, place of birth, contact number/information, email address, insured's policy number, claim proceeds, etc. relative to said claim to my distributor:

Name:

for the purpose of claims processing.

I understand that the enumerated policy information will only be used by my distributor for the above purpose and shall be kept by him/her until our transaction has been completed and in accordance with AXA Philippine's Personal Data Retention Policy.

Signature over printed name of beneficiary (if minor, designated guardian)