



FOR OFFICE USE ONLY

Claim Reference No.:

Policy Number(s)

 - - -

Death Claim Form (Beneficiary'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. Thank you.

1. CLAIM REQUIREMENTS

BASIC REQUIREMENTS:

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

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 Primary Beneficiary(ies) - duly certified and bear(s) the proof of registration from Local Civil Registry and/or Philippine Statistics Authority (PSA)
- 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)
- If preferred payment option is direct credit or fund transfer:
 - Proof of Bank Account ownership

***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.

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

Date Received:

Time Received:

Receiving Dept./Office:

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:

2. 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)

Please mark whichever applies

Illness
 Accident
 Suicide
 Others (Please specify): _____



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Medical History of the Deceased

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

Date	Hospital/ Clinic	Diagnosis

3. BENEFICIARY'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.

Nature of Work

Mobile Tel. No.

Residence/Present Address

Email Address

Preferred mode of communication (Select one)

E-mail Regular Mail

Is the beneficiary a US citizen or a US tax resident? (If yes, please provide US TIN/SSN)

Yes No

US TIN/SSN:

4. PAYMENT INSTRUCTIONS (Choose 1 of 3 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:

Peso account Dollar account

Bank Name:

Metrobank Others: _____

Account Number of Payee:

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.

CHECK PAYMENT (Applicable for both Peso and Dollar policies). Please bring a valid ID when claiming the check.

Reminder: For Peso check: 3-working day clearing period. For Dollar check: 45-working day clearing period. For representatives, please bring a valid ID, Letter of Authorization (LOA) for amounts less than Php 50,000.00, or a notarized Special Power of Attorney (SPA) for amounts greater than or equal to Php 50,000.

I will pick up the Check at AXA Service Center:

Declarations and Agreements:

- 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.
- I understand that should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
- 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.
- I understand that the information I provided will be validated and authenticated by AXA Philippines.
- Before signing this declarations and agreements, I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

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 whatever 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, _____ . This is in connection with the claim on the insurance 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)