



redefining / standards



Policy Number(s)

			—								
			—								
			—								

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 page 3 and (3) Submit the form to your agent or AXA Office.

This form is to be filled by the claimant. Please do not sign on blank form. No fees, commission or charges of whatever nature are payable to Agents or Employees of the Company in respect of this claim. Thank you"

1. General Information:

Full Name of Deceased:

Date of Birth: (yyyy/mm/dd)

2. Claim Types:

Type of Benefit/s to Claim:

Death Benefit² WPDD³ ADD⁴/AP/ADD&D⁵ PA⁶

3. Particulars of Death:

Date of death: (yyyy/mm/dd)

Place of death:

Cause of death:

4. Your Contact

Complete Mailing Address: (Please include the Zip Code)

Mobile No.:

Home Tel. No.:

Office Tel. No.:

Email Address:

5. Insurance Coverage with Other Company

Name of Company	Policy No.	Benefit Amount	Claim Status

FOR OFFICE USE ONLY

Date Received:

Time Received:

Receiving Dept./Office:

FOR DISTRIBUTOR'S USE ONLY

FE/Advisor's code:

FE/Advisor's name:

FE/Advisor's mobile number:

Definition of terms:

1. Rightful claimant must be:

- Beneficiaries
- Guardian of Minor Beneficiaries
- Representative w/ SPA if beneficiary is incapable to file the claim

2. Death Basic Benefit

- refers to the aggregate of the death benefit for the basic plan as determined in accordance with the death benefit provision

3. WPDD

- refers to Waiver of Premium due to Death & Disability of the policy owner

4. ADD/AP

- refers to Accidental Death & Dismemberment of the Insured

5. ADD&D

- refers to Accidental Death, Dismemberment & Disablement of the Insured

6. PA

- refers to Personal Accident of the Insured

7. Recent consultations and hospital confinements

6. Payment Instructions (Choose 1 of 4 options)

FUND TRANSFER (Applicable for both Peso and Dollar policies). Please fill out Direct Credit to Account Form (Annex A)

CASH PAYMENT (Applicable only for Peso-denominated policies wherein claimant applies for claim personally at the Head office and the claim is approved during the same day of application. Maximum amount that can be released for Cash Payment is Php 100,000. Cash Payment is not offered to claim applications made through a Representative.)

CASH WITHDRAWAL (For Dollar-denominated policies only and withdrawal must be made thru any Metrobank Branches) Please fill out the Specimen Signature Form (Annex B)

CHECK PAYMENT (Applicable for both Peso and Dollar policies). Please choose below your preferred mode of check delivery.

I will pick up the Check at

Thru my Personal Representative

AXA Head office AXA Branch:

Name:

Thru my Billing Address:(House No./Street) (Brgy) (City) (Province) (Zipcode)

7. Declarations and Authorizations:

1. I/WE declare that I/WE have carefully read, understood, and agree with all the instructions and questions that are written herewith. By signing this Claim Form, I/WE hereby notify AXA Philippines that the person whose life was insured by the Company under the policy number(s) written herewith is dead, and hereby declare that the said person is the one described in this Claim Form.
2. I/WE further understand, declare and agree that all statements and answers made in this Claim Form, whether or not written by my/our own hand, and all documents attached herewith, are to the best of my/our knowledge and belief, complete and true, and correctly recorded.
3. Furthermore, I/WE hereby authorize AXA Philippines and/or its duly authorized representative to secure whatever information and/or records from any employer, any physician, hospital/clinic, other medically related facility, and any organization/institution or person, who has any records and/or knowledge with regards to the illness, sickness and/or injury of the deceased as described in this Claim Form. This in connection with the claim on the insurance policy(ies) issued by the Company on the life of the deceased.
4. All the information I/we provided on this application from are to the best of my knowledge true and correct.
5. Any of my/our personal information collected or held by AXA Philippines (whether contained in the application/s or otherwise), may be used in connection with matching for whatever purpose with such other personal information and/or may be used, stored, disclosed, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including but not limited to any of its affiliated companies, or any individuals/ organizations associated with AXA Philippines:
 - a. to process and deal with the application
 - b. to provide all services related to the application and promote the services by AXA Philippines and its affiliated companies
 - c. to communicate with me for any purpose and/or comply with the laws of any applicable jurisdiction.
6. I/We have the right to request access to and correct any of my personal information held by AXA Philippines. I/We understand that such request may be made in writing and submitted to the Policy Services Unit of AXA Philippines
7. I/We understand that AXA shall use my/our personal information to evaluate and assess my/our application and need for life insurance and investments, as well as to service any of my/our policies and needs including the evaluation of any future claims. I/We also authorize AXA to disclose to affiliated entity(ies) or to persons or entities providing services on AXA's behalf consistent with the purpose for which the information was obtained.
8. I understand that notices related to my policy may be sent to me through mail, email or SMS in the address/number I provided above.

Full Name of Claimant:

If the number of Claimants is more than one, please secure another page (3) of this form, let the other Claimant(s) fill it out, and have the AXA Representative validate it just the same. Attach the duly accomplished additional page to this Claim form.

Signature:

Date of Signing: (yyyy/mm/dd)

Place of Signing:

See Payment Instruction option at the last page for your choice reference for payment method.

8. Witness:

This section is to be accomplished by the AXA Representative who validated the identity of Claimant(s)

Full Name of the Witness:

Signature:

Affiliation to AXA Philippines:

- Financial Executive Financial Advisor
 Branch Operation Specialist Claims Personnel

Date of Signing: (yyyy/mm/dd)

Branch Assignment:

*Witness should be one of the ff:
AXA Financial Executive, Financial Advisor, Branch Office Specialist, or Claims Personnel.*

*Note to the AXA Representative:
By signing here, you declare that you've confirmed the identity(ies) of the Claimant(s) and validated his/her/their signature(s) based on the valid ID(s) presented.*

9. Your Guide To Your Claim Requirements

I – MAIN REQUIREMENTS:

Basic / Routine	Additional requirements to be submitted if cause of death is due to Accident or Violent incident
<input type="radio"/> Death Claim Claimant Statement Form - duly accomplished and signed by the claimant(s)	<input type="radio"/> Police Report (if none, submit Affidavit of at least (2) persons cognizant to circumstances surrounding the violent death)
<input type="radio"/> Death Claim Attending Physician's Statement Form - duly accomplished and signed by the Attending Physician. Optional when policy is more than 2 years active.	<input type="radio"/> Autopsy Report or Post-mortem Examination if such examination was carried out.
<input type="radio"/> Death Certificate of the Deceased - duly certified and bears the proof of registration from Local Civil Registry. (If death happened abroad, the certificate must have originated from the country of death)	
<input type="radio"/> Policy Contract or Certificate of Insurance or notarized affidavit of loss in case contract/certificate can no longer be retrieved	
<input type="radio"/> Complete Medical records - to include copy of actual admitting history, discharge summary and all laboratory or work up results. (in-patient or out-patient consultation from clinics or hospitals)	
<input type="radio"/> Valid ID of the Claimant(s) - present the actual ID(s) and submit photocopy(ies) <ul style="list-style-type: none"> • Present at least one Primary ID as shown below: <ul style="list-style-type: none"> <input type="radio"/> SSS ID / GSIS ID <input type="radio"/> Driver's License <input type="radio"/> Passport <input type="radio"/> Voter's ID <input type="radio"/> Any Government ID (with photo & signature) • In the absence of Primary ID's, present at least two ID's as shown below <ul style="list-style-type: none"> <input type="radio"/> Employment ID <input type="radio"/> School ID <input type="radio"/> ATM Card <input type="radio"/> Credit Card <input type="radio"/> HMO Card <input type="radio"/> Birth Certificate 	

II – CONDITIONAL REQUIREMENTS:

Submit below conditional requirements appropriate to your case:

<input checked="" type="checkbox"/> If Claimant or one of the Claimants is the Spouse:** <input type="radio"/> Marriage Certificate of the Deceased and the Spouse - must be certified true copy	<input checked="" type="checkbox"/> If Claimant is a Guardian of Minor Beneficiary:** <input type="radio"/> Birth or Baptismal Certificates of Minor Beneficiary or Insured - must be certified true copy; and <input type="radio"/> Affidavit of Guardianship if insurance share of minor is equal or less than Php 500,000; or Guardianship Bond -if insurance share of minor exceeds Php 500,000	<input checked="" type="checkbox"/> If Claimant is a Representative of Beneficiary: <input type="radio"/> Special Power of Attorney (SPA)
<input checked="" type="checkbox"/> If Claimant is a Contingent Beneficiary:** <input type="radio"/> Death Certificate(s) of Primary Beneficiary(ies) - duly certified and bear(s) the proof of registration from Local Civil Registry		<input checked="" type="checkbox"/> If DEATH happened ABROAD: <input type="radio"/> Passport of the Deceased <input type="radio"/> Certificate from Philippine Consulate - If Deceased is an OFW

**Not applicable to WPDD claim

9. Track your Claim Status

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



+632 5815-AXA (292) | +632 3231-AXA (292)



claims@axa.com.ph

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

