



**FOR OFFICE USE ONLY**

Claim Reference No.

Policy Number

# Smart Traveller Claim Form

Your claim is important to us. Here are important notes for a seamless evaluation of your request:

1. This form is to be accomplished and signed by the Claimant in **BLOCK LETTERS**. In case the Insured is under 18 years old, the legal guardian should provide the Insured's details and sign this form.
2. All fields are mandatory unless stated otherwise.
3. Submit the complete requirements listed in Section 1, within 30 days from the insured event, via email to [oneclaims@axa.com.ph](mailto:oneclaims@axa.com.ph) or [opstravel@aac.com.ph](mailto:opstravel@aac.com.ph). You may also submit these to your Financial Partner or the nearest AXA branch.
4. If submission is via email, please ensure that the documents are in PDF or ZIP format and do not exceed 10 attachments and a total file size of 20 MB.
5. Do not sign on a blank form.
6. In case of an emergency, you may call the Smart Traveller Hotline at (+632) 8807 55 99 from anywhere worldwide. Please provide your policy number/reference number so AXA Philippines can facilitate assistance.

No fees, commissions, or charges of whatever nature are payable to Financial Partners or Employees of the Company with respect to this claim.

## 1. Claim Requirements

### BASIC REQUIREMENTS

- Completed Smart Traveller Claim Form**
- Certificate of Insurance** or **Premium Receipt**
- Photocopy of **Travel Proof**  
(Airline Ticket, Boarding Pass, Travel Agent or Airline's Official Receipt)
- Photocopy of the **Passport**
- Proof of Account**  
(Bank Passbook, Bank Certificate/Statement of Account, or Screenshot of GCash Profile showing the account number and account owner's name)
- Letter from the Employer/Company** regarding the nature and duration of the trip  
(If claiming under a corporate travel policy)

### CONDITIONAL REQUIREMENTS *(Submit additional requirements appropriate to your case)*

#### For Emergency Medical Expense

- Medical Report or Medical Certificate from the attending doctor abroad
- Itemized Medical Invoices and Receipts for all amounts claimed
- Prescription for Home Medication

#### For Emergency Medical Evacuation & Repatriation

- Medical Report or Medical Certificate from the attending doctor abroad
- Official Receipts of Medical Expenses
- Photocopy of Laboratory Procedure
- Photocopy of Police or Incident Report
- Itemized and Original Hospital Statement of Account (SOA)
- Official Receipts of Burial and Funeral Services
- Official Receipts for additional travel and accommodation

#### For Hospital Allowance

- Medical Report or Medical Certificate from the attending doctor abroad
- Statement of Account (SOA) with admission and discharge date

#### For Delayed Trip

- Certification from the airline or carrier stating the scheduled departure time, actual departure time, and the reasons for the delay of the flight

#### For Baggage Delay

- Baggage Irregularity Report - issued by the airline or carrier (if the delay occurred while baggage was under custody)
- Acknowledgement or Delivery Receipt/Form stating the exact date and time when the baggage was retrieved

### FOR OFFICE USE ONLY

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:

#### Notes:

The Company reserves the right to ask for additional documents as deemed necessary.

Submit the complete requirements to AXA Philippines as soon as possible to avoid delays in the processing or denial of your claim.

The request for submission of supporting documents should not be construed as an admission of liability on our part, neither shall it waive, invalidate, forfeit, or modify any of our rights under the terms and conditions of the policy under which you are filing a claim for indemnity.

Claims requests are processed within nine (9) working days for amounts PHP 50,000 and below and a maximum of 24 days for amounts above PHP 50,000 upon completion of the requirements.

**For Trip Cancellation/Postponement/Curtailment**

- Proof of advance payment for transportation and accommodation expenses
- Medical Report on the emergency medical treatment made on the Insured or relative within the degree of relationship
- Any satisfactory legal document proving trip termination, specifying the non-refundable portion, 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 of reservation
- Court Order requiring your attendance (if caused by a judicial order)
- Photos of Damaged Residence (if caused by a serious damage due to fire or natural catastrophes)
- Travel Ban issued by the country of destination (if caused by a travel restriction due to an epidemic or pandemic)

**In case of death or medical treatment of the Insured or Insured's relative** (must be issued by the Philippine Statistics Authority (PSA) or Local Civil Registry):

- Death Certificate (if the Insured)
- Marriage Contract (if Spouse)
- Birth Certificate (if Sibling or Children)

**For Baggage Loss/Damage**

- Baggage Irregularity Report - issued by the airline or carrier (if the loss/damage occurred while baggage was under custody)
- Certification from the carrier, hotel, or any other party, or proof satisfactory to the Company that the baggage loss/damage was not repaid or that a settlement was made, specifying the amount settled
- Official Receipt of the baggage before loss/damage
- Notarized Affidavit of Lost Receipt - including the date of purchase, brand, model, and type (if no official receipt is available)
- Official Receipt with Repair Estimate (if the baggage is already repaired)
- Official Receipt of the lost/damaged articles within the baggage
- Photos of the Damaged Baggage
- Police Report - including the list of items stolen (in cases of robbery or theft)

**For Personal Accident**

- Police Report
- Medical Report or Medical Certificate from the attending doctor abroad
- Death Certificate, Post-Mortem Report, or relevant Coroner's Report
- Photos of the victim showing the full body and disabled part/s
- Medical Report stating the full details of the disablement (if applicable)

**For Loss of Travel Documents**

- Itinerary provided by the travel agency before the trip (if claiming for lost travel tickets)
- Police Report
- Official Receipt/s for the additional costs incurred in replacing the lost travel documents

**For Personal Liability**

**If there are accidental bodily injuries to another person:**

- Photocopy of Hospital Bills and Statement of Account (SOA)
- Medical Report or Medical Certificate with prescription
- Official Receipts of Medical Expenses

**If death to another person shall have resulted:**

- Death Certificate - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry
- Autopsy Report
- Official Receipts for such liability

**If there is accidental loss or damage to another person's property:**

- Official Receipts for repairing or replacing damaged or lost property
- Police Report

## 2. Insured's Information

**Full Name of Insured (Last Name, First Name, Middle Name)**

**Nature of Work**

Please include name of employer/business and position title.



**Sex**

**Date of Birth (MM/DD/YYYY)**

**Place of Birth**

**Nationality**

Male  Female




**Residence/Present Address**

Unit/Floor Number, Building Name, Street, Barangay, City, and Province

**Email Address**

**Mobile No.**

**Home Phone No. (Optional)**




**Destination of Flight**

**Passport No.**



**Full Name of Father (Last Name, First Name, Middle Name)**

if Insured is under 18 years old

**Full Name of Mother (Last Name, First Name, Middle Name)**

if Insured is under 18 years old



**Legal Guardian's Valid ID**

**Legal Guardian's Valid ID No.**



**Do you have any other insurance policies or HMO covering this loss or expenses incurred?**  Yes  No

If Yes, please provide the details below:

**Name of Insurer/HMO**

**Type of Policy**



## 3. Claim Details

### A. For Medical Expenses

**Date of Accident/Illness (MM/DD/YYYY)**

**Time of Accident/Illness (HH:MM)**

**Date of first consultation with the doctor or hospital (MM/DD/YYYY)**




**Nature of the injury/illness**

**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 below:

**Full Name of the Third Party**

**Residence/Present Address of the Third Party**

Unit/Floor Number, Building Name, Street, Barangay, City, and Province



**Contact No. of the Third Party**

<p><b>Claim Amount of Medical Expenses</b> <i>Please indicate the currency</i></p> <input style="width: 95%; height: 25px;" type="text"/>	<p><b>Do you need to receive further medical treatment?</b> <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, how long will the further medical treatment last?</i></p> <input style="width: 95%; height: 25px;" type="text"/>
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**B. For Loss or Damage of Baggage**

<p><b>Date of Loss/Damage (MM/DD/YYYY)</b></p> <input style="width: 95%; height: 25px;" type="text"/>	<p><b>Full description of how the loss/damage occurred</b></p> <div style="border: 1px solid black; height: 150px;"></div>
<p><b>Was the loss reported to the police or common carrier?</b> <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, please provide the details below:</i></p> <p><b>Name of the Police Station/Common Carrier</b></p> <input style="width: 95%; height: 25px;" type="text"/> <p><b>Contact No. of the Police Station/Common Carrier</b></p> <input style="width: 95%; height: 25px;" type="text"/>	<p><b>Was the loss due to any other person's fault?</b> <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, please provide the details below:</i></p> <p><b>Residence/Present Address of the Third Party</b> <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i></p> <div style="border: 1px solid black; height: 60px;"></div>
<p><b>Full Name of the Third Party</b></p> <input style="width: 95%; height: 25px;" type="text"/> <p><b>Contact No. of the Third Party</b></p> <input style="width: 95%; height: 25px;" type="text"/>	
<p><b>Details of the lost/damaged items</b> <i>If the space is not enough, please supplement information by attachment</i></p> <div style="border: 1px solid black; height: 180px;"></div>	

Item/s lost/damaged	Date of Purchase (MM/DD/YYYY)	Purchase Value	Repair Quotation

**C. For Baggage or Travel Delay****Type of Delay** Baggage  Travel**Reason for Delay****Location of Delay****Original arrival and departure schedule****Date (MM/DD/YYYY)****Departure Time****Arrival Time****Flight No.****Actual arrival and departure schedule****Date (MM/DD/YYYY)****Departure Time****Arrival Time****Flight No.****D. For Trip Cancellation, Curtailment, or Postponement****Reason for Claim** Trip Cancellation  Trip Curtailment  Trip Postponement**Period of original trip (MM/DD/YYYY)****From****To****Period of curtailed/postponed trip (MM/DD/YYYY)****From****To**

If the trip cancellation or curtailment was due to death/serious injury/sickness of the Insured/immediate family member/close business partner/traveling companion, please provide the details below:

**Full Name of Sick/Injured/Deceased Person****Relationship to the Insured****Diagnosis****E. For Personal Accident (Fatal and Permanent Disability)****Date of Accident/Death (MM/DD/YYYY)****Time of Accident/Death (HH:MM)****Place of Accident/Death****Full description of how the accident occurred and the injuries sustained****Cause of death, if applicable****Degree and Extent of Permanent Disability, if applicable**

## 4. Payment Instructions (Choose 1 of 2 options)

Please fill out the following data fields and submit the proof of account of your chosen payment method (Bank Passbook, Bank Certificate / Statement of Account, or Screenshot of the GCash Profile showing the account number and account owner's name)

**FUND TRANSFER** (Applicable for Peso-denominated and Dollar-denominated policies)

**Reminder:** Fund transfer is only allowed to the bank account of the Policy Owner. Please provide a proof of bank account in the same currency as the policy currency (e.g. USD proof of account is required for USD policy currency).

### REQUEST FOR DIRECT CREDIT TO BANK ACCOUNT

**Account Type**

Peso  Dollar

**Bank Name**

Metrobank  Others: \_\_\_\_\_

**Account Number of Payee**

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**Branch Name:**

**Branch Address**

**Branch Code**

**Swift Code (for Non-Metrobank)**

**Account Name of Payee**

*Additional for International Wire Transfer*

**Routing/IBAN Number (if any)**

**Recipient Policy Owner's Complete Address Abroad**

**GCASH TRANSFER** (Applicable only for Peso-denominated policies)

**Reminder:** Bank charges are applicable for amounts higher than Php 10,000 and will be deducted from the proceeds. Please ensure that the amount to be credited is within the incoming transaction limit.

**Account Name**

**11-Digit Mobile No.** (Example: 091XXXXXXX)

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## 5. Authorization

Where applicable, I hereby authorize any hospital physician or another person who has attended or examined me to furnish to AXA Philippines or its Authorized Representative any information concerning 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.

## 6. Declarations and Agreement

I hereby declare and agree that:

1. Before signing this Claim Form, I have carefully read, understood, and agree with all the instructions and questions that are written. I also acknowledge and confirm that all statements and details provided in this Claim Form are, to the best of my knowledge and belief, accurate, complete, and true, correctly recorded, and shall form part of and be the basis of claim assessment and approval.

2. Any personal information collected or held by AXA Philippines, whether contained in the application/s or otherwise, may be utilized, stored, disclosed, transferred (whether within or outside the Philippines) to individuals, organizations, corporations, or entities as AXA Philippines may consider necessary, including but not limited to any of its affiliated or related companies, within or outside the Philippines:

- to process and deal with my claims request;
- to provide all services related to said request; and
- to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction including but not limited to Insurance Commission rules and regulations, the Anti Money Laundering Act, and the Data Privacy Act.

3. I have the right to access my 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 incomplete, outdated, or false; and such other rights as may be available under the Data Privacy Act. Such requests must be made in writing and submitted to AXA Philippines.

4. The proceeds of this application/policy are deposited to the aforementioned account, it shall be considered as a direct payment to me, and I shall hold AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, perpetually 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. This payment may be pleaded as an absolute bar to any suit or suits, judgment, execution, or legal proceedings that may hereafter be filed against AXA Philippines, its assigns, successors-in-interest, or by anyone claiming by, through or under against any of the parties in connection with my claim.

5. Should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.

6. I, the undersigned, accept full responsibility for the accuracy of the account name and number provided above. I understand that any errors in the information may cause delays in receiving the policy proceeds, and I accept full responsibility for any resulting consequences.

7. Notices related to my claim may be sent to me through mail, email, or SMS in the address and contact number I provided above.

8. Section 27 of the Insurance Code states that a concealment whether intentional or unintentional entitles the injured party to rescind a contract of insurance.

9. Section 74 of the Insurance Code states that the violation of a material warranty, or other material provision of a policy, on the part of either party thereto, entitles the other to rescind.

10. Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes, or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

## 7. Privacy Policy

Your privacy is a priority for AXA Philippines. To understand more on how we use and protect your personal data, you may refer to our Privacy Policy at <https://www.axa.com.ph/privacy-policy>.

## 8. Acknowledgement and Signature

By signing this form, I/we acknowledge that above declarations have been thoroughly discussed with me and explained to me by the AXA Financial Partner.

I/We consent to receive notices and announcements for marketing and/or cross selling purposes via Short Messaging Services (SMS), email, other electronic platform, or telephone call from AXA Philippines, its affiliates, subsidiaries, including any person or entities providing services on AXA's behalf.

**IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

**Signature over printed name of Policy Owner**

**Signature over printed name of Insured  
(if minor, Legal Guardian)**

## How do I track the status of my request?

**You will be updated through email.**

**If you have any query on your request, you may get in touch with us through**



**Your AXA Financial Partner**

**Live chat at  
<https://www.axa.com.ph/contact-us>**



**Your nearest AXA branch**

**You may also access your policy information and conveniently conduct online transactions through the Emma by AXA PH app and web at <https://www.axa.com.ph/emma>.**

**Thank you for choosing AXA, a global leader in insurance and investment and your partner in protecting what matters.**