

# Claim For Reimbursement Of Medical Expenses

An APRIL brand International

For claims above € 500, US\$ 675 or CHF 750  
This form, duly completed and signed, should be returned to:  
**Medical Administrators International**  
**21A One Capital Place**  
**18 Luard Road, Wanchai**  
**Hong Kong**  
**Tel: +852 3516 8181**

For claims below € 500, US\$ 675 or CHF 750  
You can also send this form by:  
**1- Scan and email to: [aplus@medical-administrators.com](mailto:aplus@medical-administrators.com)**  
**2- Fax: +852 3585 0253**

\* Please keep the original form for a minimum period of 12 months. During this period, the Insurer reserves the right to ask for the originals at any time.

TO BE COMPLETED BY THE PATIENT

## Employee

Pers. ref. no.: \_\_\_\_\_ / \_\_\_\_\_  
Last Name : \_\_\_\_\_ First name : \_\_\_\_\_  
Address : \_\_\_\_\_

## Patient

Last Name : \_\_\_\_\_ First name : \_\_\_\_\_  
Date of birth (d - m - y) : \_\_\_\_\_ Sex :  M  F

## Relationship

Self  Spouse  Child  Secondary dependant

Is the claim covered by another insurance?  Yes  No

If yes, please specify the amount reimbursed. : \_\_\_\_\_

Specify by which insurance. : \_\_\_\_\_

Is this the result of an accident?  Yes  No

In case of accident, please complete the "Notification of Accident Form".

## Amounts claimed per currency

***Diagnosis and full details of prescribed medicines (name and dosage) must be stated on the original bill and the claim form.***

Currency	Amount of expenses	Nature of expenses	Diagnosis	Date of 1 <sup>st</sup> symptoms (d - m - y)	Date of 1 <sup>st</sup> diagnosis (d - m - y)

Total: \_\_\_\_\_

Have you suffered from this or any related condition before?  Yes  No

If **yes**, please provide details separately.

## Mode of payment

- Reimbursement will be done by **cheque or bank transfer to your designated account**. Should you wish to modify instructions please contact us.
- Reimbursement is done in the currency of the policy.

## Hospitalisation

Date: \_\_\_\_\_  
Diagnosis : \_\_\_\_\_  
Treatment or operation : \_\_\_\_\_

**Please sign on the back**

**PERSONAL INFORMATION COLLECTION STATEMENT**

AXA China Region Insurance Company Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/ or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA China Region Insurance Company Limited  
Employee Benefits – Unit 2201-2206, 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

**Claims document checklist**

Before sending in this form, make sure that all claims are forwarded with supporting documentation to expedite the process of your claim

- Claim form completed by you with Membership number of patient and patient signature
- Payment receipts with:
  - Patient's name
  - Treatment date
  - Diagnosis
  - Medical prescriptions
  - Drug prescriptions
  - Any medical reports or lab test results
  - Other documents justifying the expenses

Declaration: I hereby certify that the above information is true and correct to the best of my knowledge.

1. I/We HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA China Region Insurance Company Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.

2. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or other wise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

3. I/We, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company in relation to this claim; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorisation shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

Employee's signature: \_\_\_\_\_

Patient's signature: \_\_\_\_\_

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

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

**Policies issued in Hong Kong are underwritten by AXA China Region Insurance Company Limited. Third party administrator: April Hong Kong Limited  
Claims handler: Medical Administrators International**

