

Policy/ Certificate No.

Driver & Passengers Protection / Motorcyclist Personal Accident Claim Form

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required in Page Two and (3) submit them to claims@axa.com.my or to any AXA office as soon as possible. Thank you.

A. POLICY DETAILS

Policyholder/Insured's Full Name			
Vehicle Registration No.		Office/Mobile No.	
Email		NRIC	
Correspondence Address			

B. CLAIMANT DETAILS (if other than above)

Full Name			
NRIC		Mobile No.	Relationship

C. ACCIDENT & INJURY DETAILS

Date and Time of Accident	Date :	Location of Accident		
	Time :			
Type of Loss/ Claim	<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Total Permanent Disablement		
	<input type="checkbox"/> Accidental Death	<input type="checkbox"/> Corrective Cosmetic Surgery		
Description of Accident				
Description of Injury Sustained (e.g. body part injured, injury type)				Have you injured the same part before?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a claim against any other party in respect of this event? If yes, please provide details	Name of other party / insurance company :			
	Description of claim :			

D. OTHER CLAIMS

You are claiming for	<input type="checkbox"/> Car Replacement Allowance	<input type="checkbox"/> Additional Cash Payout
	<input type="checkbox"/> Window Snatch Theft	<input type="checkbox"/> Key Care Cover
	<input type="checkbox"/> ATM Withdrawal Protection	

E. BANK ACCOUNT DETAILS

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account)			
Bank Name		Account No.	
Bank Branch		Email	

*Payment advice will be sent to your email. Please ensure that your email address is provided.

F. DECLARATION & CUSTOMER'S DATA PRIVACY NOTICE

[Declaration] I/We hereby authorize any physician, clinic, hospital, insurance company or any organization, institutions or person to give you full particulars about my/the patient's health policy details, medical history and billing information. I/We further consent to the disclosure of all such medical information and records by you to any insurers, re-insurers, solicitors, my employer, agents/brokers and other third parties in connection with my insurance claims. A duplicate of this authorization shall be as effective and valid as the original.

[Customer's Data Privacy Notice] AXA Affin General insurance Berhad is committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published on our website.

Name of Claimant/ Insured:

Signature of Claimant/ Insured:

NRIC/ Passport/ Birth. Cert. No. :

Date:

Email:

G. DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documentation required to process your claim. In certain circumstances, additional information *may* be required in order for further confirmation.

Type of Loss/ Claims	Documents Required (Please tick against the documents you have submitted.)
Personal Accident	<input type="checkbox"/> Copy of Driving License <input type="checkbox"/> Original Hospital/ Medical Bills & Receipts <input type="checkbox"/> Medical Reports <input type="checkbox"/> Police Report/ Accident Report – for motor accident injury claim or criminal incident
For Fatal Accident – in addition to above:	<input type="checkbox"/> Certified True Copy (CTC) of Death Certificate <input type="checkbox"/> CTC of Comprehensive Post Mortem Report <input type="checkbox"/> CTC of Deceased's NRIC <input type="checkbox"/> CTC of Letter of Administration / Distribution Order (only if un-named beneficiary for individual policy)
Window Snatch Theft / ATM Withdrawal Protection	<input type="checkbox"/> Police Report
Key Care Cover	<input type="checkbox"/> Police Report <input type="checkbox"/> Original Repair or Replacement Bill / Receipt for a new vehicle key

Please note that additional information / documents may become necessary during the course of claims process.

H. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through email. If you have any enquiries on your claim, please reach us at:



(603) 2170 8282 |



claims@axa.com.my

Mon to Fri: 8.30am to 5.30pm (Excluding public holidays)

AXA is committed to making your personal accident insurance claim process as easy as possible.

Thank you for insuring with us. We are always glad to be of your service.