



安盛天平

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TRAVEL INSURANCE LOSS NOTICE

Please complete this form as truthfully and accurately and return with the supporting documents within **30 days after the occurrence of the claimed condition to:**

Travel Claims, 3 F, bldg. 25, 1000 Jinhai Road, PuDong District, Shanghai

Tel: 021-50153382

Post Code: 201206

Further information / documents may be requested depending on the nature and extent of the claim. Separate forms must be used for different claimants.

THE INSURED PERSON

Policy No		Journey Period / Policy Period From To			
Name	Sex	Age	Occupation	Identity Card Number	
Correspondence Address		Postal Code	Contact No.	E-mail	
If Claimant is an underage, please specify:					
Name of Guardian:			Relation to Claimant:		

DETAILS OF THE CLAIM

Occurrence Location		Date of Occurrence	Time	a.m./p.m
Describe in detail what your claim is:				
Name of Witness	Address		Contact Number	
If you are entitled to recover losses from any other insurance policy, please give details:				
Name of Insurer :		Policy Number:		
Claimed Item:		Claimed / Settled Amount ¥		

BANK DETAILS Claim settlement, if any, will be credited to your account by bank transfer. Please provide the following details:

Account Name:	Bank:	Account Number:
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All Claims

1. Copy of insurance policy / certificate;
2. Copy of claimant's passport with signature and movement records (If claimant is an infant, copy of the payee's identity card with signature is required);
3. Copy of claimant's bank book;
4. For business traveler - proof of business travel issued by the employer;
5. Other documents as reasonably required by the Company in relation to this claim

CLAIMED ITEM, AMOUNT & SUPPORTING DOCUMENTS

Part I: Personal Injury / Sickness

Claimed Item	Supporting Documents Required	Claimed Amount
Medical Expenses	1. Original medical records from in-patient/out-patient/emergency units with attending doctor's diagnosis;	
Hospital Income	2. Original Medical Expenses Receipts issued by Hospital or Qualified Medical Practitioner;	
Hospital Deposit guarantee	3. Original Hospital Record / Discharge Note; 4. Medical Examination Reports issued by the Hospital.	
Compassionate Visitation	1. Original medical examination report on the insured person; 2. Original Death Certificate/Post-mortem report issued by relevant authorities; 3. Proof of cancellation of residential registration or identity documents of the insured person; 4. Proof of residential registration or identity documents of the beneficiaries; 5. Original proof of traveling and accommodation expenses necessarily incurred by an adult immediate family member of the insured person	



Interpreter Service	1. Original Expenses Receipts for local translators fee.	
Following up medical treatment within 3 months	Including following up medical treatment with 3 months in Chinese Mainland: 1.Original medical records from in-patient/out-patient/emergency units with attending doctor's diagnosis; 2.Original Medical Expenses Receipts issued by Hospital or Qualified Medical Practitioner; 3.Original Hospital Record / Discharge Note; 4. Medical Examination Reports issued by the Hospital.	
Major Burns & Permanent Dismemberment	1. Original "Permanent Disability Certificate" issued by Grade 3A hospital or judiciary institutions.	
Accident Death	1.Original Death Certificate/Post-mortem report issued by relevant authorities; 2.Proof of cancellation of residential registration or identity documents of the insured person	
Immediate Cash Relief	3.Proof of residential registration or identity documents of the beneficiaries 4.Letters of Administration	
Emergency Assistance Service	1. The expenses for medical evacuation and repatriation of remains service will be paid to AXAS directly by us after approval. If for medical emergency reason the insured was unable to contact AXAS, and arrange the evacuation or repatriation themselves, the amount paid will, subject to the plan subscribed, be based on comparable service and costs as recommended by AXAS.	

Part 2: Property Loss/Damage

Claimed Item	Supporting Documents Required	Claimed Amount
Baggage and Personal Effects	1.Local Police Report; 2.Hotel's or Carrier's report certifying the lost or damage of the personal property; 3.List of lost/damaged property with details of date of purchase, amount and purchase invoice; 4. Repair quotation invoice.	
Money and Travel Documents	1.Local Police Report; 2. Proof of source of money, traveler's cheque and money order. 3.Receipts/invoices for replacement of the travel document; 4. Invoices showing additional travel and accommodation expenses.	
Travel Delay	1. Documentary proof from common carrier or its representative indicating the duration delayed.	
Baggage Delay	2.Ticket(s), boarding pass issued by common carrier(s);	
Trip Curtailment	1.Documentary proof of original itinerary and actual itinerary; 2.Documentary proof of the reason for the cancellation or curtailment (including medical report, death certificate, relationship proof of the injured/sick/deceased person to the insured person);	
Loss of Deposit or Trip Cancellation	3.Original receipt showing any pre-paid costs or deposits made; 4. Proof of un-used and non-refundable traveling expenses.	
Home Care	1. Documents to prove the cause of loss from fire, such as policy report, fire cause cognizance, relative photos. 2.List of the loss and original purchase receipts 3. The supporting documents for the cost of recovery/repair.	

Part 3: Personal Liability

Claimed Item	Supporting Documents Required	Claimed Amount
Personal Liability	1.Original Police Report, if any; 2.Judgment, ruling or letter of arbitration; 3.Compensation agreement; 4.Proof of compensation settlement; 5.Contact details and method of the third party and witnesses to the accident; 6. Photos showing the scene of accident and the extent of third party property damage and / or bodily injury, if any.	

DECLARATION & AUTHORISATION

The undersigned hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made. I/We understand that the furnishing of this form to me/us or its preparation by any representative of AXA Tianping Property & Casualty insurance Company Limited or the acceptance or retention of the proof thereafter by the Company shall not constitute its waiver of any of the conditions of the policy.

The undersigned hereby authorize any physician, medical practitioner, hospital, clinic, police authority, insurance company or any other organization and institution that has any record or knowledge of my / the Insured's health and medical history or any treatment, advice or accident details and that has been or may hereafter be consulted to disclose to the Company or its authorized representatives such information. This authorization shall bind my / the Insured's successors and assigns and remain valid notwithstanding my / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Claimant:	Signature of Guardian (If claimant is an Infant):
Date:	Date: