

PET INSURANCE Claim Form

Policy No.

To speed up the process, please (1) Complete this form, (2) Prepare the relevant documents listed on page three, and (3) Submit them to AXA Office as soon as possible. Thank you.

A. INSURED/ CLAIMANT DETAILS

Full Name			
Mobile No.		Email	
Correspondence Address			

B. DETAILS OF LOSS

Insurance Period (DD MM YY)	From :	Agency	
	To :		
Date and Time of Loss/ Accident	Date :	Location	
	Time :		
Type of Loss/ Accident	<input type="checkbox"/> Death due to accident <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Vaccines Rabies / Preventive Medical Expenses <input type="checkbox"/> Additional Fee in Pet Rental		
Description (Chronology) of Loss/ Accident <i>*If space is insufficient, please give details in a separate paper.</i>			Total amount claimed in original currency
Do you have other insurance covering this loss? If yes, please provide	Insurance Company :		
	Policy No. :		

C. BANK ACCOUNT DETAILS

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

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

D. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We hereby declare that the below statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Authorization] I/We hereby authorize any hospital physician or other person who has attended or examined to the Insured, to furnish PT MANDIRI AXA GENERAL INSURANCE or its authorized any representative, and all information with respect to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical record. A copy of this authorization shall be considered as effective and valid as the original.

[Customer's Data Privacy Consent] I/We hereby authorize PT MANDIRI AXA GENERAL INSURANCE to use my/our personal data and information (such as name, address, phone number, etc.) as stated in this form or in other means, including other parties which have an agreement relationship with PT MANDIRI AXA GENERAL INSURANCE and/or its affiliates, in relation to any activities related to the policy issued under this form.

Date: _____

Signature of Insured/ Claimant: _____

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Accident	Documents Required (Please tick against the documents you have submitted.)
Basic for all types	<input type="checkbox"/> Claim Form <input type="checkbox"/> Certificate of Pet <input type="checkbox"/> Identity Card of Insured <input type="checkbox"/> Certificate of Policy
(plus) as applicable below:	
Death due to Accident	<input type="checkbox"/> Medical Report from Hospital <input type="checkbox"/> Post Mortem Report from Hospital
Medical Expenses	<input type="checkbox"/> Medical Report from Hospital <input type="checkbox"/> Invoice / Billing Detail from Hospital
Vaccines Rabies	<input type="checkbox"/> Medical Report <input type="checkbox"/> Invoice / Billing Detail from Hospital
Additional Fee in Pet Rental	<input type="checkbox"/> Letter from Aircraft for delay respond and length of delay flight <input type="checkbox"/> Boarding Pass, Passport, Itinerary <input type="checkbox"/> Invoice and receipt from Pet Rental

TRACK YOUR CLAIM STATUS

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



+6221 1500733



customer.general@axa-mandiri.co.id

PT Mandiri AXA General Insurance is committed to making your travel insurance claim process as easy and stress-free as possible.

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