

Claims document checklist

Item No.	Document Type	Medical reimbursement	Temporary disability	Hospital benefit/ hospital indemnity	Hospital & Surgical Benefit	OUTPATIENT & DENTAL BENEFITS	Death		Critical Illness			Dismemberment	Permanent Total Disability
							Natural Death	Accidental Death / Unnatural Cause of Death	Cancer	Heart Attack	Stroke / Others		
1	Claim Form - Part I (To be completed by the Insured/Claimant)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Owner's ID copy	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	✓
3	Original or Certified True Copy of Death / Notarial Certificate / Court Order for Presumptive Death by AIA	N/A	N/A	N/A	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A
4	Original or Certified True Copy of the Deceased's ID card by AIA	N/A	N/A	N/A	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A
5	Copy of beneficiary's ID card or birth certificate if they are below 18 years old; travel document if they are not a permanent resident of Hong Kong	N/A	N/A	N/A	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A
6	Legal Guardianship Paper for Minor's Beneficiary	N/A	N/A	N/A	N/A	N/A	★	★	N/A	N/A	N/A	N/A	N/A
7	Surrender of HKID confirmation note	N/A	N/A	N/A	N/A	N/A	★	★	N/A	N/A	N/A	N/A	N/A
8	Claim Form - Part 2 (Confidential Medical Certificate)	★	✓	✓	✓	N/A	★ ¹	★ ¹	✓	✓	✓	✓	✓
9	Sick Leave Certificate with Diagnosis	★	✓	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	✓
10	Hospital Discharge Summary	✓	✓	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	Post Mortem or Coroner's report	N/A	N/A	N/A	N/A	N/A	★	✓	N/A	N/A	N/A	N/A	N/A
12	Original Medical/Hospital Receipts and Statement of Charges	✓	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13	Compensation Breakdown from other Insurer/Party	✓	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14	Photocopy of Hospital Receipt and Statement of Charges	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15	Request for Return of Original Document(s)	★	★	★	★	★	N/A	N/A	★	★	★	★	★
16	Individual Life & Group Claims Arrangement Form	★	★	★	★	★	N/A	N/A	N/A	N/A	N/A	N/A	N/A
17	Cremation Permit	N/A	N/A	N/A	N/A	N/A	★	★	N/A	N/A	N/A	N/A	N/A
18	Original Policy or Policy Lost Declaration (OPCLMF59)	N/A	N/A	N/A	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A
19	Physiotherapy/Occupational Therapy Report	★	★	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	★
20	Doctor's referral for Specialist or therapeutic treatment	✓	★	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
21	X-Ray, CT Scan, MRI, Other Imaging/Scanning reports	★	★	★	★	★	N/A	N/A	★	★	✓	★	★
22	Blood and Laboratory Test(s)	N/A	N/A	★	★	★	N/A	N/A	★	✓	★	N/A	N/A
23	Positron emission tomography (PET) scan	N/A	N/A	★	★	N/A	N/A	N/A	★	✓	N/A	N/A	N/A
24	Pathological/ Histopathological Report(s)	N/A	N/A	★	★	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
25	Electrocardiogram (ECG)	N/A	N/A	★	★	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A
26	Echocardiogram	N/A	N/A	★	★	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A
27	Percutaneous coronary intervention (PCI) report	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A
28	Photocopy of New Born Baby's Birth Certificate/Other Supporting Documents (Only Applicable for Maternity Benefit Claim)	N/A	N/A	★	★	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	Police Report/Traffic Accident Report/Statement	★	★	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	★	★
30	Newspaper clipping	N/A	N/A	N/A	N/A	N/A	N/A	★	N/A	N/A	N/A	N/A	N/A
31	Employee's Compensation Assessment Certificate (for industrial accidents only)	N/A	★	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	★	★
		✓		★		N/A							
		Required Documents		Optional Document		Not Applicable							

★¹: Required if death occurs within 2 years after the policy is issued or reinstated.
We may ask for other documents on a case by case basis.