

DECLARATION FOR LOSS OF ORIGINAL RECEIPT

TO : Business Servicing Team
Corporate Solutions Department
AIA International Limited
12/F AIA Financial Centre
712 Prince Edward
Kowloon, Hong Kong

Fax No.: (852) 3118 9012

Name of Employer: _____

Group Policy No.: _____

Claim Details: Name of Employee _____

Name of Patient _____

Cert. No. / ID No. _____

Incurred Date (mm/dd/yy)	Incurred Amount (HK\$)	Diagnosis

I hereby declare that the original receipt(s) for the above claim(s) has/have been lost and no claims have been made nor will any be made to any other insurance company.

Yours faithfully,

Signature and Name of Insured Member (Employee)

Date: