



Free Novel Coronavirus Cover for Frontline Cleaning Worker Medical Claim Form

Customer Hotline
(HK) 852-2232 8320 (Macau) 853-8988 1822

For Novel Coronavirus – Free Cover for Frontline Cleaning Workers (Lump Sum Benefit) only

*Claimant refers to the Eligible Person of the AIA Free Cover for Frontline Cleaning Workers

Claimant* Information		
Name of Claimant	ID Card Number	Tel. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Correspondence Address		
<input type="text"/>		
Please provide the agent / broker information if any		
Agent / Broker Code	Agent / TR's Name	Agent / TR's Tel. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide below information
Date of Diagnosis (mm / dd / yyyy)
<input type="text"/>
Any relationship between the Registered Medical Practitioner / Medical Services Provider and Claimant / AIA Financial Planner / Broker (if applicable) ? If so, please state the relationship.
<input type="text"/>

Document Checklist
<input type="checkbox"/> Copy of claimant's Hong Kong identity card / Macau identity card
<input type="checkbox"/> Proof of employment
<input type="checkbox"/> Proof of Diagnosis and Hospital confinement documents

Important Note
(1) Please submit your claim application by email to hk.clm-ncov@aia.com or send it to us at the following address: HK : AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong Macau : AIA Wealth Select Centre, 1903, 19/F AIA Tower, Nos. 251A-301 Avenida Comercial de Macau, Macau You may also submit your claim application to our AIA financial planner / your broker (if applicable) . If you have any enquiry, please contact AIA at "Novel Coronavirus – Free Cover for Frontline Cleaning Workers" hotline: (HK) 852-2232 8320 (Macau) 853-8988 1822
(2) If you want to get back the original documents submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.
(3) The claim payment will be paid by cheque to claimant in Hong Kong Dollar / Macau Pataca via mailing to claimant's correspondence address.
(4) In case Death benefit would be applied for claimant, please submit the below claim documents. <ul style="list-style-type: none">- Application Form for Death Claim (download form the following website : https://www.aia.com.hk/en/help-and-support/individuals/form-library.html)- Proof of diagnosis and death certificate- Letters of Administration / Grant of Probate
(5) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.

DECLARATION AND AUTHORIZATION

I / We DECLARE that the answers given above are true and complete and the receipts which I / we am / are now submitting to AIA International Limited (hereinafter called "Company") are issued by the attending physicians.

I / We hereby irrevocably authorize:

(a) any organization, institution, or individual that has any record or knowledge of my / our / the Claimant's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of the Company may disclose any such information. This authorization shall bind my / our / the Claimant's successors and assigns and remain valid notwithstanding my / our / the Claimant's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

(b) All personal information obtained herein is collected for the purpose of, (i) assessing, processing, evaluating and determining your requests of application for medical claims or services referral and (ii) analysing, investigating, approving and / or determining your claims submitted and will be transferred to AIA's authorized medical panels or its relevant associates / nominees / subsidiaries ("third party administrators"). You authorize us to transfer your personal information to the third party administrators and further give your consent to all third party administrators who / which are in receipt of your personal information that they may process your personal information and transfer all your processed personal information to us for the administration of your insurance policy and provide insurance services to you. Without your voluntary consent, personal information collected will not be transferred to the third party administrators. You can choose not to provide the personal information required, but that will result in not qualifying for receiving any of the services above.

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

Signature of Claimant
(If claimant's age is under 18, the form should be signed by the legal guardian.)
(Please do not sign on blank form.)

Signature of Witness

Name of Claimant

Name of Witness

ID Card / Passport Number

ID Card / Passport Number

Date (mm / dd / yyyy)

Date (mm / dd / yyyy)

Relationship with claimant (Please fill in if the form is signed by legal guardian.)



Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！