

## **Group Personal Accident Insurance for Students**

### **Claim Procedure**

Please note that it is required to submit the claim of Group Personal Accident Insurance to the insurer as soon as possible but in any case within 90 days of the happening of any event.

- 1) The injured students shall inform their corresponding departments for the accidents. Department shall report the same to HSO for record & issue the authorization letter, with approval signature & department chop to the student for their claim submission.
- 2) Student should then complete their claim form and submit it together with scanned copies/photos of medical receipts and other supporting document as listed on page 4 of the claim form, including the signed authorization letter, to insurers, AXA General Insurance Hong Kong Limited (“AXA”). Submissions should be sent directly to AXA’s email ([anh.claims@axa.com.hk](mailto:anh.claims@axa.com.hk)) within 90 days from the date of the accident.

For PolyU’s students, please mark “The Hong Kong Polytechnic University” in “Name of the Insured Person”.

- 3) The students can select the claims settlement method on page 2 of the claim form, either by ‘Cheque’ or ‘Autopay’ to receive settlement accordingly.
- 4) Should there is any further enquiry from insurers, AXA will contact the injured students directly.
- 5) For enquiry of claims, please contact the claims hotline of AXA by phone at (852) 3070 5002 or email at [anh.claims@axa.com.hk](mailto:anh.claims@axa.com.hk).

### **Remarks**

- Please keep the supporting documents until the claim has been settled.
- The insurer may contact the claimant directly to require further information / details if necessary, especially for fatal claims and permanent disability claims.
- All PRC citizens who reside and work in China would not be covered within the territory of China unless they are attending the activities including Work Integrated Education (“WIE”) &/or other types of placements (not forming part of WIE) or Community Service Learning Programme (“CSLP”) or Service Learning Activities (“SLA”) in China, which are organized or arranged or endorsed or recognized or approved by the University, or they are students of the University’s outpost programmes.

### **For "Repatriation of Remains", please note the following:**

- The University registered students who participate in overseas activities organized or arranged or endorsed or recognized or approved by the University are under the coverage of Repatriation of Remains.

- For local students participating in overseas activities organized or arranged or endorsed or recognized or approved by the University, their mortal remains will be repatriated to Hong Kong.
- For non-local students participating in activities organized or arranged or endorsed or recognized or approved by the University, either within Hong Kong or overseas, their mortal remains will be repatriated to their home countries.
- This coverage is not applicable to Outpost Students.

For details on the insurance claim procedure, please contact the Finance Office through email at [fo.insurance@polyu.edu.hk](mailto:fo.insurance@polyu.edu.hk).

# Claims Procedure



## Personal Accident / Credit Card Protection

1. Original medical advice and sick leave certificate(s) with diagnosis issued by the medical practitioner.
2. Original admission slips, discharge summary with diagnosis.
3. All other supporting documents, such as laboratory report, X-ray report and so forth.
4. Death Certificate
5. Post Mortem report
6. Probate or Letter of Administration
7. Police report and / or Coroner's Report if the death is caused by accident
8. Incident report issued by relevant authority at place of death
9. Original receipts for related burial expenses
10. Copy of HKID or passport of the deceased.
11. Certificate of Order Authorizing Burial / Cremation of Body.
12. Original credit card statement(s) and / or other supporting receipt(s).

## Personal Liability

1. Photos showing the extent of the third party property damage and / or body injury and the scene of the accident, if possible.
2. Any third party correspondence, summons or writs. These should be forwarded to us immediately and unanswered.

## Trip Cancellation or Curtailment Expenses

1. Reason for cancellation / curtailment of the trip together with relevant supporting documents.
2. Original certificate proving the non refund amount of travel expenses paid in advance.
3. If the cancellation / curtailment is due to the Insured Person / relative / close business partner / traveling companion's death or sickness or injury, please provide us with copies of death certificate or medical advice / certificate with diagnosis and supporting documents proving the relationships.
4. Original medical certificate / report with diagnosis issued by the medical practitioner.
5. Original invoice / receipt for the additional travel & accommodation expenses incurred.
6. Original invoice / receipt for the loss of travel & accommodation expenses paid in advance.
7. Copies of boarding passes / air-tickets / e-tickets/ passport / other supporting documents.

## Trip Re-route

1. Reason for re-route of the trip together with relevant supporting documents.
2. Original incident report from the concerned airlines.
3. Document proving that the Common Carrier would not provide an alternative transportation.
4. Documentary supporting for the alternative transportation

## Delay Benefits / Hijack

1. Carrier's (airline) certificate stating the reason and duration of baggage delayed.
2. Original emergency purchase receipt(s) of essential items or clothing requisites.
3. Airline certificate stating duration and reason of delay or interruption.

# Claims Procedure



## 24 Hours Worldwide Emergency Assistance

1. Please quote the following when calling our Worldwide Emergency Assistance Hotline:
  - I. Insured / Policyholder's Name
  - II. Insured Person's Name
  - III. Policy No.
  - IV. Nature of Injury / Sickness
  - V. Details of Attending Doctor
  - VI. Present Location and Contacts
2. All requests, services or arrangements shall be referred to our Worldwide Emergency Assistance for approval
3. Services rendered without the authorisation and/or intervention of our Worldwide Emergency Assistance are excluded

To. AXA General Insurance Hong Kong Limited

**Policy number:** \_\_\_\_\_

**Name of Policyholder:** \_\_\_\_\_

This is to verify that \_\_\_\_\_, HKID: \_\_\_\_\_, is  
(claimant's name) (claimant's HKID)

one of the insured student under the policy as stated below.

Information of the accident:

Date of accident:	
Time of accident:	
Name of Event / activity:	
Location of Event / activity:	

**Approval Signature:** \_\_\_\_\_ (Position: \_\_\_\_\_)

**Company/Institute's chop:** \_\_\_\_\_

**Date:** \_\_\_\_\_