



## SmartSafe Traveller

Please complete all the relevant sections of this form and return with originals of all the documents requested (photocopies are not acceptable) no later than 45 days upon return to your home country to:  
**Ground Floor, Wisma Goldhill, 67 Jalan Raja Chulan, 50200 Kuala Lumpur. Email: claims@axa.com.my Tel: 603-2170 8282 Fax: 603-2031 6393**

**General Information**

Name of Claimant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home Country Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Zip/Post Code: \_\_\_\_\_ Country: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Passport No.: \_\_\_\_\_ Policy Activation Form No.: \_\_\_\_\_  
 Period of Travel: (dd/mm/yy) From \_\_\_\_\_ To \_\_\_\_\_  
 Currency for claims to be paid (if not in RM): \_\_\_\_\_  
 Please advise in whose name the bank draft for the claims proceeds should be issued: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Expenses**

Date and Place of Accident or Onset of Illness: \_\_\_\_\_  
 Nature of Accident / Illness: \_\_\_\_\_  
 Date of clinic/hospital visitation: \_\_\_\_\_

Nature of Expenditure	Name of Clinic/Hospital	Incurred Amount (RM)

Documents Required

Original Policy Activation Form and Original medical reports, bills & receipts

**Personal Accident**

Date and Place of Accident: \_\_\_\_\_  
 How did it happen? \_\_\_\_\_  
 \_\_\_\_\_  
 Nature of injury (or official cause of death): \_\_\_\_\_  
 Name of Doctor and Hospital consulted in Malaysia: \_\_\_\_\_  
 Name and address of usual Doctor in home country: \_\_\_\_\_  
 \_\_\_\_\_

Documents Required

Original Policy Activation Form, Medical Reports or in the event of death, Death Certificate, Post Mortem Report & Police Report

**Personal Liability**

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m/p.m.  
 Place: \_\_\_\_\_  
 Explain fully how accident occurred: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 When was the accident reported to you?: \_\_\_\_\_  
 By whom?: \_\_\_\_\_  
 Name and addresses of any other witnesses?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Was the accident reported to the Police?: \_\_\_\_\_ Details of officer or station: \_\_\_\_\_

Documents  
Required

Persons who sustained injury or damage to property. Please give names, addresses, occupation, nature and extent of injury or damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other insurance indemnifying you in respect of this accident?: \_\_\_\_\_

If so, give name and address on insurers; \_\_\_\_\_

Have any claims been made against you?: \_\_\_\_\_

If so, give details \_\_\_\_\_

\_\_\_\_\_

Original Policy Activation Form, Police Report, any correspondence from 3rd party unanswered

## DECLARATION

I declare to the best of my knowledge that the above particulars are true.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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