



ASSISTANCE AND CLAIMS PROCEDURES

AXA PARTNERS
2020

Table of Content

1.	Assistance Procedures	P. 03
2.	Claims Procedures	P. 16
3.	Supporting Documentation	P. 20
4.	Call SLA	P. 25
5.	Claims SLA	P. 27



1 Assistance Procedures

A. Customer Details

B. Validation of Policy

C. Validation of Coverage

**“Applied to all
assistance cases**

A. Customer Details

All assistance cases

New requests for assistance are usually received by telephone. The caller may be a patient, relative, friend, other representative or an overseas hospital.

If a call comes in on the normal line, we need to capture as many of the following details as possible.

- Reason for the call
- Customer Name
- Date Of Birth
- Contact numbers and email address if any
- A copy of the Passport
- Agreement Number
- Address where the person is currently staying
- Notification sent to the Insurer as info only

B. Validation of policy

All assistance cases

Validating means checking that the customer has an insurance policy, i.e. that it is not expired or cancelled and that it covers the individual concerned.

Information to be checked:

- ➔ Policy Number
- ➔ Departure Date (Policy start date)
- ➔ Return date (Policy end date)
- ➔ Validate the policy through our system

In case the policy cannot be validated on our system, we contact the Insurance company and see if the person do has a valid policy.

C. Validation of Coverage

All assistance cases

Validate dates and locations

Dates

- When is the Policy cover in force? Does this include the incident date?
- Is the trip length within Policy limits?

Location

- Does the policy cover the appropriate geographical area?
- Is the country excluded in the Policy Terms & Conditions (e.g. due to being an active war zone or under a UN embargo)?

Capture incident details

Now that we know “Who”, “When” and “Where”, we now capture:

- What happened?
- How did it happen (if apparent/ applicable/ appropriate)?

C. Validation of coverage

All assistance cases

Validate if incident is covered

Leaving aside the possibility of PMH exclusions (which are considered later), policies cover all emergency illnesses and injuries unless specifically excluded in the Terms & Conditions.

The list of general exclusions varies from policy to policy, but common examples include:

- Deliberate self-inflicted injury (e.g. suicide attempt), though covered if the injury happens whilst attempting to save another person's life
- Injury whilst intoxicated through alcohol or drugs
- Winter sports (unless the customer has purchased an upgrade)
- Extreme sports
- Definitions of an extreme sport will differ from policy to policy, and may also depend on whether the activity was being conducted at a licensed, professional venue.
- Pre existing illness

B. Validation of Policy

Case Decline

When a case is declined, we provide the customer and the insurer the specific reason for refusal

If and when there is clearly no valid policy, the customer should be given some helpful pointers:

Customer next steps:

- Have they considered whether they might have travel insurance via an alternative source? Examples include:
 - An employer's scheme
 - A "freebie" with a bank account/ credit card
 - If they accepted insurance cover when purchasing travel tickets

- Basic advice regarding what to do next. According to the circumstances, this might include:
 - Contact phone number for the relevant embassy
 - Contact details of a local hospital (making clear that we will not be footing the bill)
 - Informing that their tour operator/ hotel reception are likely to hold details of local dentists, doctors etc.

A. Outpatient Case

B. Inpatient Case

C. Medical Repatriation

D. Body Repatriation

**Medical
Assistance
Case**

A. Outpatient Case

For Outpatient Cases

- We ask for a Medical report and Estimated Cost
- Medical team will review and confirm coverage
- If case is of a small amount , we ask client to pay and claim
- Otherwise we send a GOP to the clinic after medical validation
- We then pay the Clinic
- We close the case
- We notify the Insurer

In case of Pay and Claim:

- We ask the client to send all invoice + receipts to us
- We will do the needful to reimburse the client.
- An excess limits of XX EUR is applied

A. Inpatient Case

For Inpatient Cases

- We ask for a Medical report and or contact the doctor in charge
- Medical team will review and confirm coverage
- Estimated cost is asked
- Upon Admission, we send a GOP to the clinic.
- We inform the Insurer
- Follow up is done regularly with the treating Doctor in the clinic
- Courtesy call is done to the patient's family and the insurer to keep them updated with the health condition of the patient until he gets discharged.
- If necessary, work is done by the platform according to the decision of the medical team to organize repat
- Upon Discharged ,we arrange to pay the clinic
- We close the case

*** *Excess limit applied to some plan – Recommendation to remove Excess for all inpatient cases***

A. Medical Repatriation Case

For Medical Repatriation

Our assistance platform will repatriate of a person back to his home country upon receipt of the confirmation from our Medical team

In that case:

- We obtain Repat Modalities from Medical Team
- We inform Insurance Company
- Contact customer and inform them of Repatriation
- Confirm Travel means
- Obtain Quotes from Providers
- Send GOP to Provider
- Obtain Final Itinerary
- Communicate repat itinerary to client, relatives and insurer
- Monitor Repat (contact with hospital at discharge/ ambulance/timely check in at airport and until back to home country)
- Pay provider
- Close Case

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- Confirm Travel means
- Obtain Quotes from Providers
- Send GOP to Provider
- Obtain Final Itinerary
- Communicate repat itinerary to client, relatives and insurer
- Monitor Repat (contact with hospital at discharge/ ambulance/timely check in at airport and until client is back to home country safe)
- Inform Insurer
- Pay provider
- Close Case
- Social call is done upon arrival

A. Medical Repatriation Case

For Body Repatriation

Our assistance platform will repatriate the body of a person back to his home country upon receipt of the confirmation from our the Insurer and relatives .

In that case:

- We obtain agreement from relative to repatriate the body.
- We inform Insurance Company
- Contact providers to activate repat
- Get details from provider (death certificate/PMH/cause of death)
- Obtain Quotes from Providers
- If case covered we send GOP to Provider
- Obtain itinerary and details about body repat
- Communicate itinerary to relatives and insurer
- Monitor Repat until the body is back to home country
- Inform Insurer
- Pay provider
- Close Case



2 Claims Procedures

A. Claims notification

B. Claims Processing

C. Supporting Documentation

“Claims Handling

A. Claim notification

Claims handling

Whenever there is a situation that will give rise to a claim the client must contact AXA assistance and provide the following within the time frame mentioned in the contract

- ➔ Reason for the call / Claim
- ➔ Description of incident
- ➔ Customer Name
- ➔ Date Of Birth
- ➔ Contact numbers and email address if any
- ➔ Passport Number
- ➔ Agreement Number

Our Service platform will check coverage , exclusion & create a case and inform the client on the following next steps ;

1. Send all scan documentation to our claims service platform with a covering letter by email
2. Send all original documentation to the Insurer.

A. Claim processing

Claims handling

When all documentation is received the claim handler will assess the claim;

- ➔ Check if we have all the supporting documentation – if we don't have all documentation we will contact the client and ask same.
- ➔ Check if the policy is valid
- ➔ Check if the incident is covered – If not covered, send a decline letter to the client with reason for declination
- ➔ If incident is covered, ask client for bank details and proceed with payment
- ➔ Activate finance department for bank transfer

C. Supporting Documentations

Claims handling

MEDICAL EXPENSES

- Travel Details
- Medical Certificate
- Accident/Police Report (if applicable)
- Receipts
- Validation of the coverage
- An official document from the bank with all the bank details
- If ok Bank details of the insured filed on a form to be provided by the Assistance company

CANCELLATION & CURTAILMENT

- Travel Details
- Cancellation/Rebooking Confirmation
- Medical Certificate
- Incident report
- Validation of coverage
- An official document from the bank with all the bank details
- If ok : Bank details of the insured filed on a form to be provided by the Assistance company

DELAYED LUGGAGE

- the indemnification proof of the I.A.T.A. affiliated Airline company
- The luggage Irregularity Report delivered by the Airline company
- Luggage delivery note
- Validation of the coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

C. Supporting Documentations

Claims handling

LOSS LUGGAGE

- the indemnification proof of the I.A.T.A. affiliated Airline company
- The luggage Irregularity Report delivered by the air carrier
- The luggage receipt clearly showing the weight of the luggage lost
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

FLIGHT DELAY

- a copy of the ticket
- a copy of the boarding card
- the airline company's compensation notice
- the originals of invoices for the expenses incurred during the delay
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

MISSED CONNECTION / DEPARTURE

- Travel Details
- Missed / Delay Certificate
- Receipts (+additional travel costs if applicable)
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

C. Supporting Documentations

Claims handling

LOSS OF TRAVEL DOCUMENTS

- Travel Details
- Detailed explanation of the circumstances surrounding the incident
- Police Report
- Receipts
- Validation of coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

LEGAL EXPENSES

- Travel Details
- Detailed explanation of the circumstances surrounding the incident, including any photographs and video
- Any writ, summons, or other correspondence received from a third party. Full details of any witnesses, providing written statements where possible.
- Validation of coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

PERSONAL ACCIDENT

- Travel Details
- Medical Certificate
- Accident/Police Report (if applicable)
- Receipts
- Validation of coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

C. Supporting Documentations

Claims handling

PERSONAL LIABILITY

- Travel Details
- Detailed explanation of the circumstances surrounding the incident
- Police Report if applicable
- Receipts
- Validation coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

FOR ALL CLAIMS

- Certificate of the travel policy
- Travel Tickets
- Booking Invoice
- Validation of coverage
- An official document from the bank with all the bank details
- Bank details of the insured filed on a form to be provided by the Assistance company

C. Supporting Documentations

Documents that needs to be completed

RELEASE OF MEDICAL
INFORMATION

MEDICAL REPORT TO BE
COMPLETED BY TREATING
DR

BANK DETAILS TO BE
PROVIDED BY CLIENT



Release of
Medical Info



Medical Report



Banking Details



3
Call SLA

Service Level Agreement

Call handling

- The dedicated assistance emergency line is available 24 /7 .
- The service level agreements are as follows



90 % of the calls to be answered within 30 seconds

Abandoned call rate should be less than or equal to 3 %

Complaints rate should be less than or equal to 2%

Justified complaint rate to be less than or equal to 0.5%

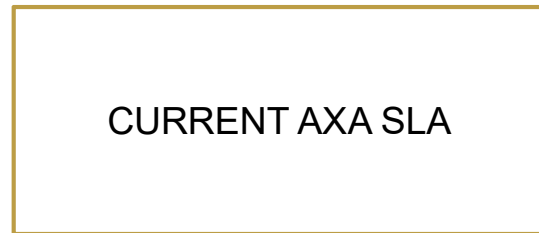


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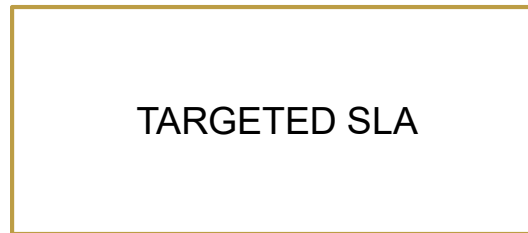
Claim SLA

C. Claims handling and payment SLA

Claims



- ➔ Claim assessment – 7 Days
- ➔ Claims payments – 13 days



- ➔ Claim assessment and payment to be done within the month



- ➔ To be agreed in Action Plan



Thank you