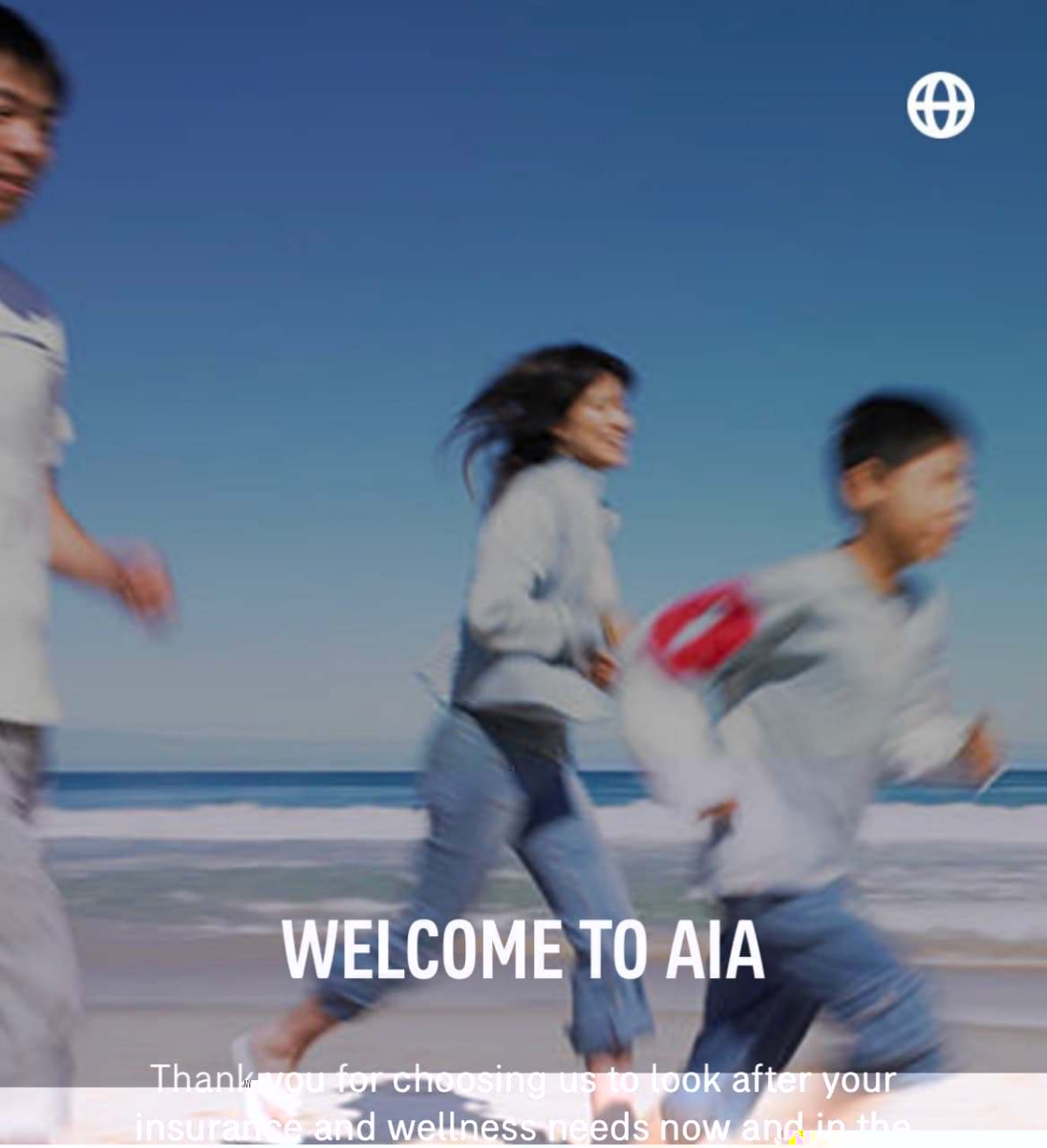


WELCOME TO AIA

Thank you for choosing us to look after your insurance and wellness needs now and in the

LOGIN

BEFORE WE START

Please let us know the mobile and email you'll use to register.

Email*

Enter email address

Mobile*

+853 MAC

Enter phone number

*Mandatory input

CONFIRM

REGISTER FOR AIA EASY LOGIN

*Please add a Half-width characters e.g. , : ;

REGISTER FOR AIA EASY LOGIN ID

Last Name

Enter last name

First Name

Enter first name

Mobile

+853 M

Enter mobile number

Email

Enter email address

The mobile number a

Terms of Use
(For Mobile Applications) Terms & Conditions
for AIA Connect Privacy Statement

CONFIRM

CANCEL

VERIFY YOUR MOBILE NUMBER

One-Time-Passcode (OTP) has been sent to you. It may take awhile, thanks for your patience.

+853 6*** **89

RESEND(58)

One-Time-Passcode (OTP)

XXX XXX

No OTP received? Please double check if the mobile is correct, and then try 'Resend'.

CONFIRM

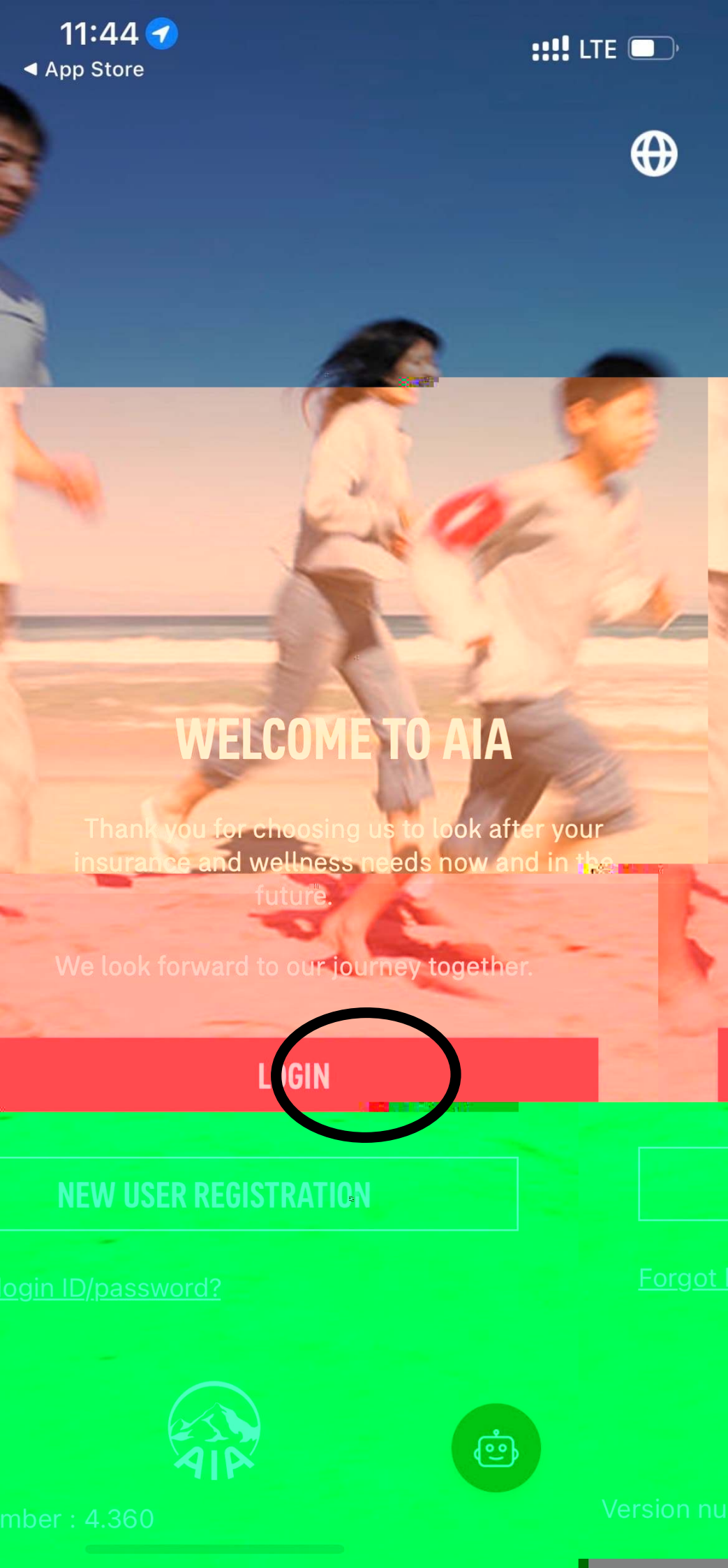
CONGRATULATIONS!

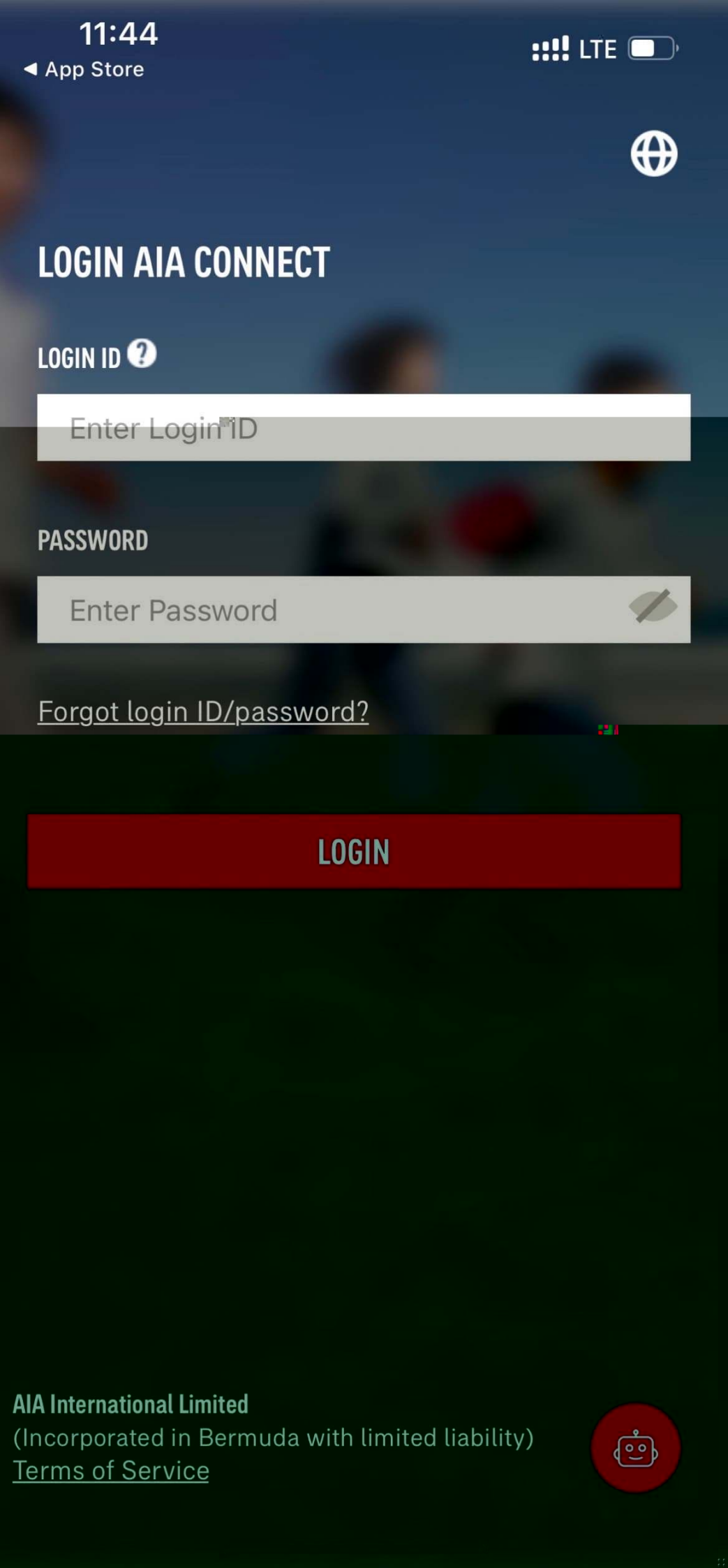
You've created your AIA Easy Login ID. Use it to login AIA Connect now.

Your AIA Easy Login ID
[redacted]

After logged in, system will guide you to link up other AIA accounts, if any. If you skip it, you can do it later with 'Account Maintenance' feature.

ACCESS AIA CONNECT


11:44
App Store
LTE
WELCOME TO AIA
Thank you for choosing us to look after your insurance and wellness needs now and in the future.
We look forward to our journey together.
LOGIN
NEW USER REGISTRATION
login ID/password?
Forgot
AIA
mber : 4.360
Version nu


11:44
App Store
LTE
LOGIN AIA CONNECT
LOGIN ID
Enter Login ID
PASSWORD
Enter Password
Forgot login ID/password?
LOGIN
AIA International Limited
(Incorporated in Bermuda with limited liability)
Terms of Service

VERIFY YOUR IDENTITY

Please select a preferred way to receive One-Time-Passcode (OTP) to login

Mobile

Email

I have read, understood and agreed the Terms and Conditions of OTP Service.

Reminder: If you select mobile to receive the OTP

VERIFY YOUR IDENTITY

OTP will be sent to the mobile number below.
Are you ready?

Mobile
+85363**89**

SEND OTP

CANCEL

VERIFY YOUR IDENTITY

One-Time-Passcode (OTP) has been sent.

Mobile
+85363**89**

One-Time-Passcode (OTP)

xxx xxx

No OTP received? Resend

Reminder: If you still failed to receive the OTP after click "resend", as an alternative, we suggest you to retry using email. Click "cancel" to re-login and select

AIA CONNECT

Terms of Use (For Mobile Applications) Terms & Conditions for AIA Connect AIA Privacy Statement / Personal Information Collection Statement

here

AGREE

DISAGREE

AIA CONNECT

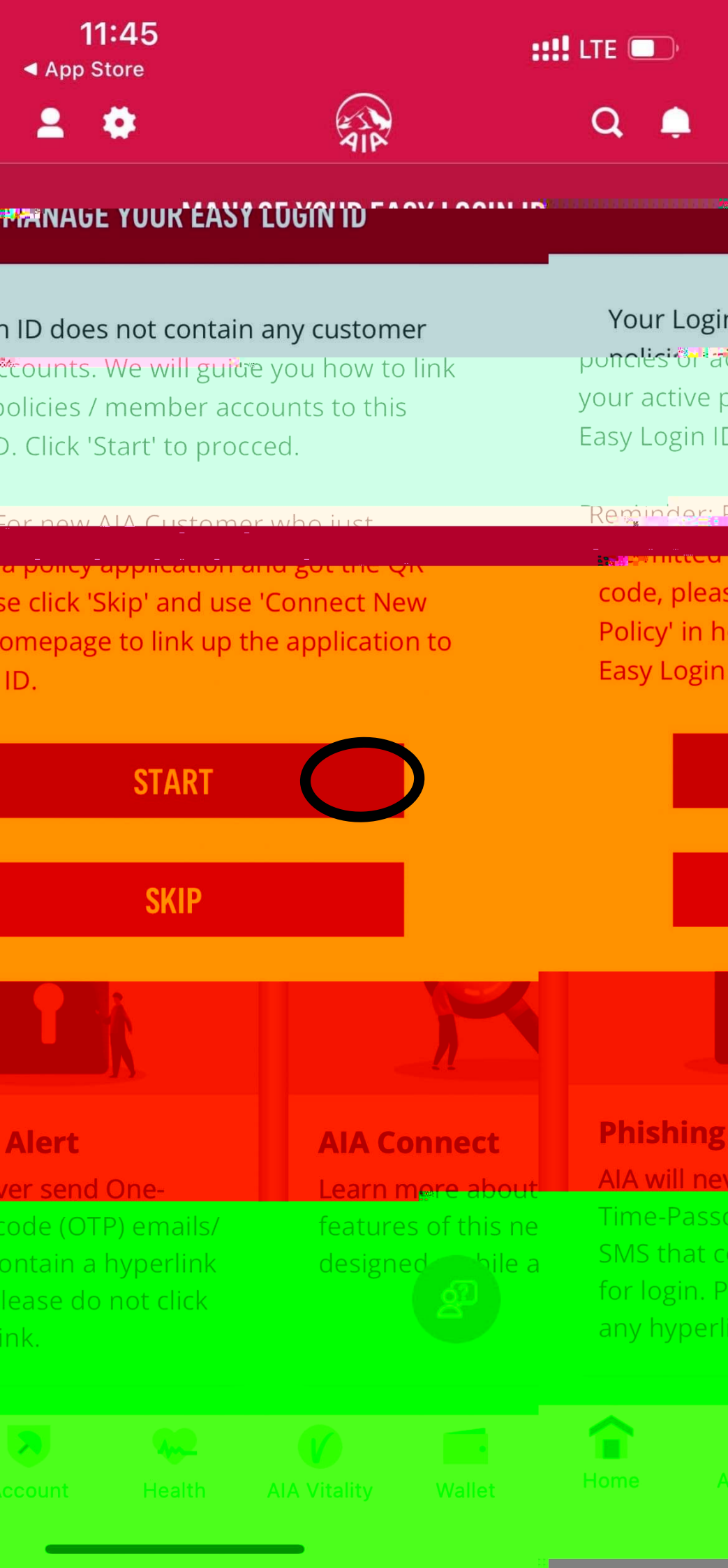
The use of any and all services at or under AIA Connect (web version and mobile app version) shall at all times be governed by the Terms of Use (For Mobile Applications), Terms & Conditions for AIA Connect and AIA Privacy Statement / Personal Information Collection Statement.

Please refer here for the detailed terms and conditions for various services.

I have read, understood and agreed to the Terms & Conditions above.

AGREE

DISAGREE


11:45
App Store
LTE
MANAGE YOUR EASY LOGIN ID
n ID does not contain any customer
ccounts. We will guide you how to link
olicies / member accounts to this
D. Click 'Start' to procedd.
Your Logi
policies or a
your active p
Easy Login ID
Reminder:
code, pleas
Policy' in h
Easy Login
se click 'Skip' and use 'Connect New
omepage to link up the application to
ID.
START
SKIP
Alert
ver send One-
code (OTP) emails/
ontain a hyperlink
lease do not click
ink.
AIA Connect
Learn more about
features of this ne
designed
Phishing
AIA will nev
Time-Passc
SMS that c
for login. P
any hyperl
Account
Health
AIA Vitality
Wallet
Home

ACCOUNT MAINTENANCE

Do you have another active AIA Easy Login linked with Group Insurance that you would like to merge to this account?

YES

NO

VERIFY YOUR IDENTITY

We need a few details in order to verify your identity in group insurance

*Mandatory input

Last Name*
(CHAN)

*Capital letters

Date of Birth*
(DD / MM / YYYY)

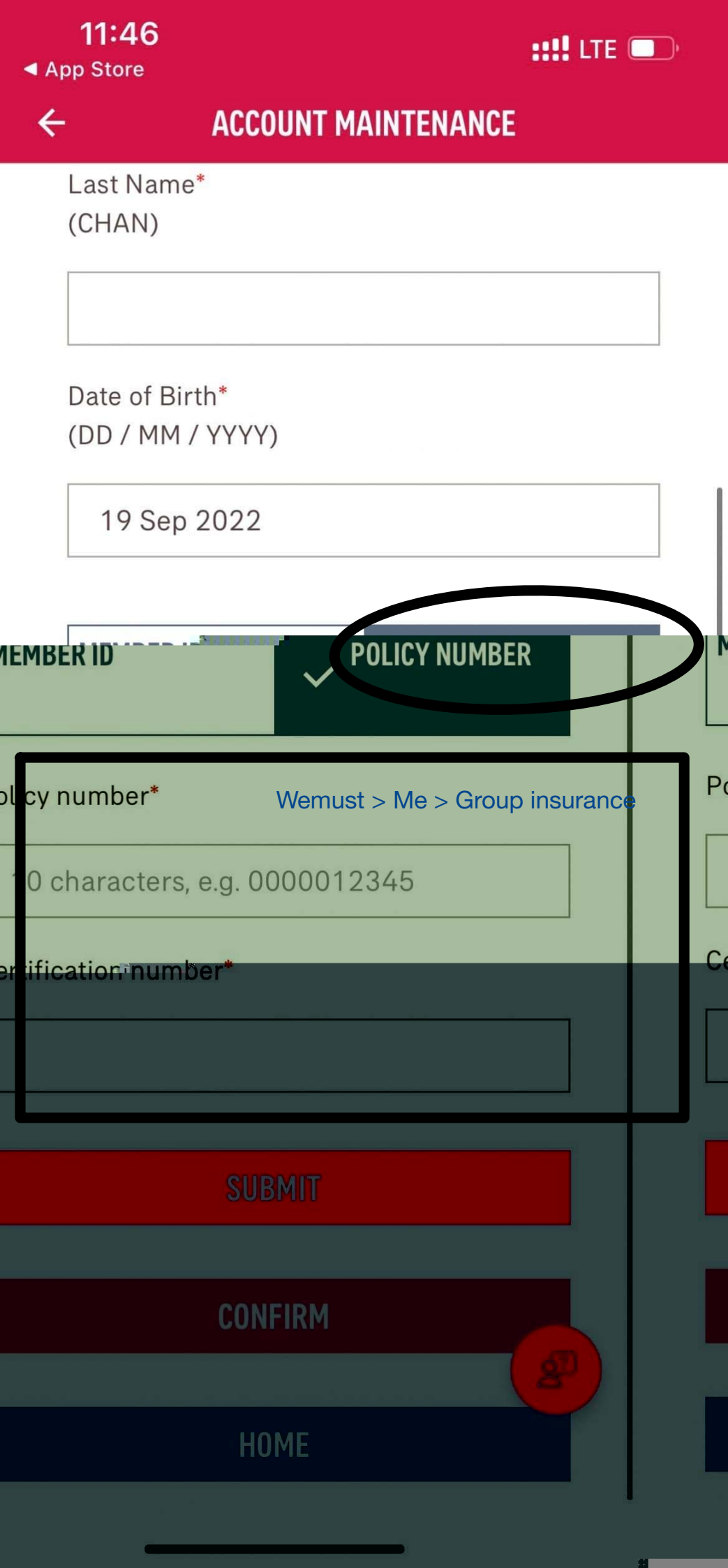
19 Sep 2022

MEMBER ID | POLICY NUMBER

Insured member ID*

10 characters*

SUBMIT


11:46
App Store
LTE
ACCOUNT MAINTENANCE
Last Name*
(CHAN)
Date of Birth*
(DD / MM / YYYY)
19 Sep 2022
MEMBER ID
POLICY NUMBER
olicy number*
Wemust > Me > Group insurance
10 characters, e.g. 0000012345
erification number*
SUBMIT
CONFIRM
HOME

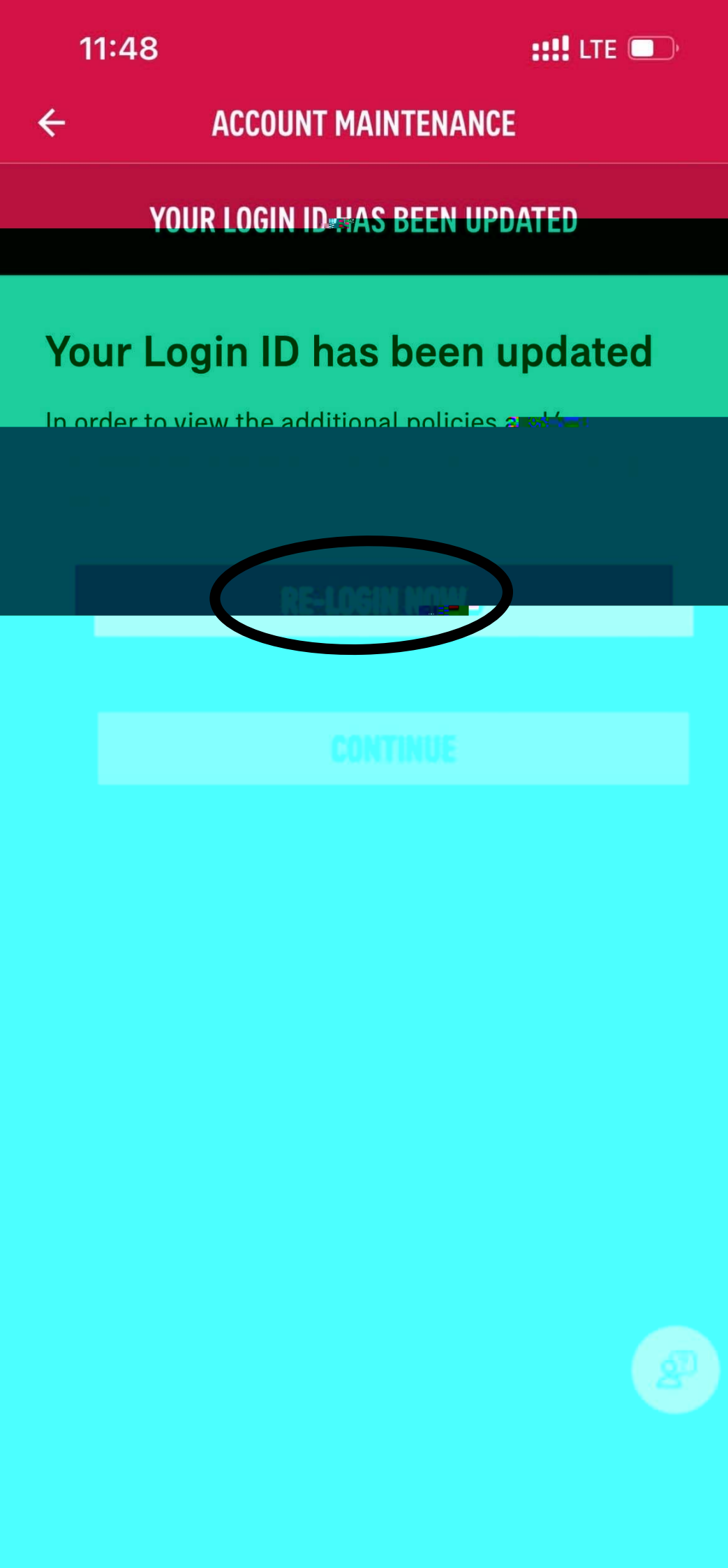
2021090838

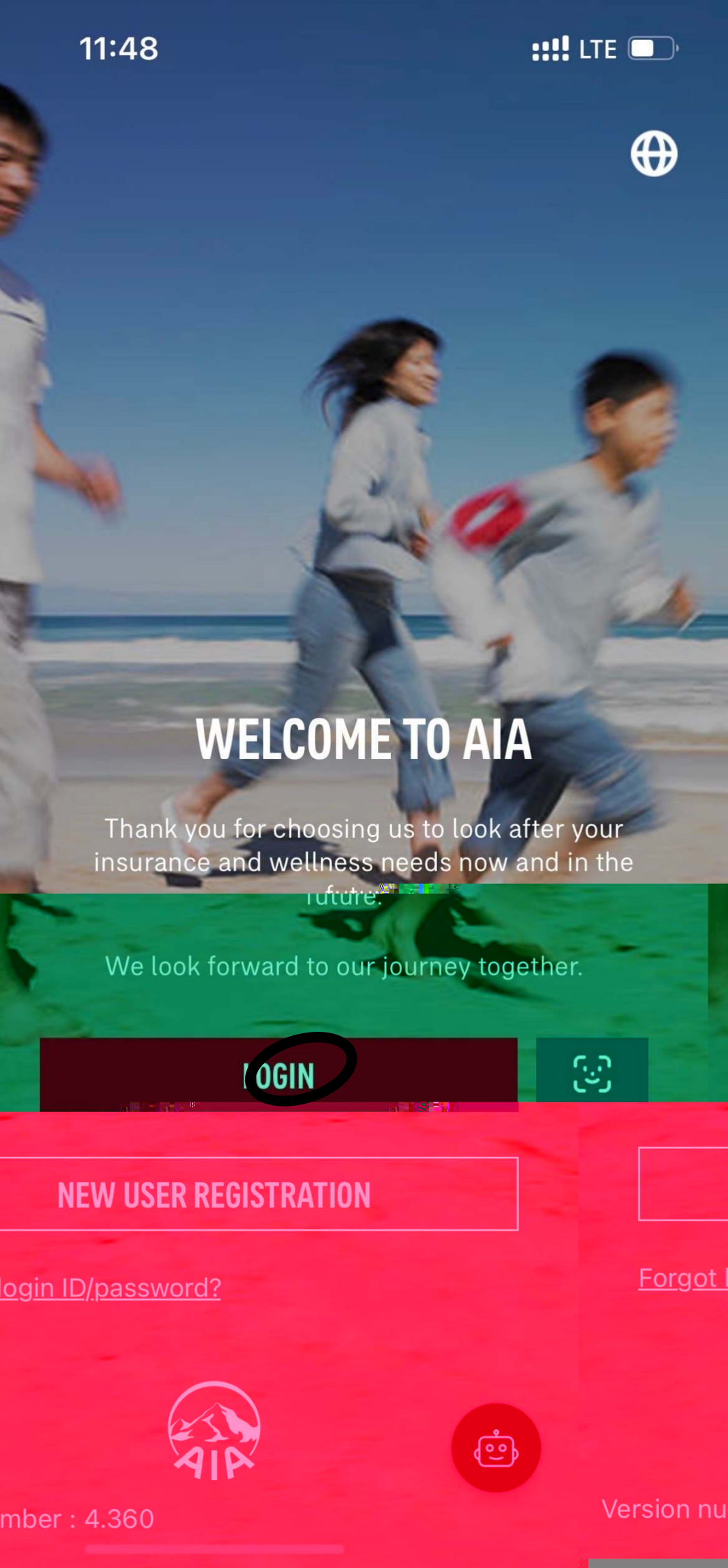
PERSONAL DATA COLLECTION AND USE

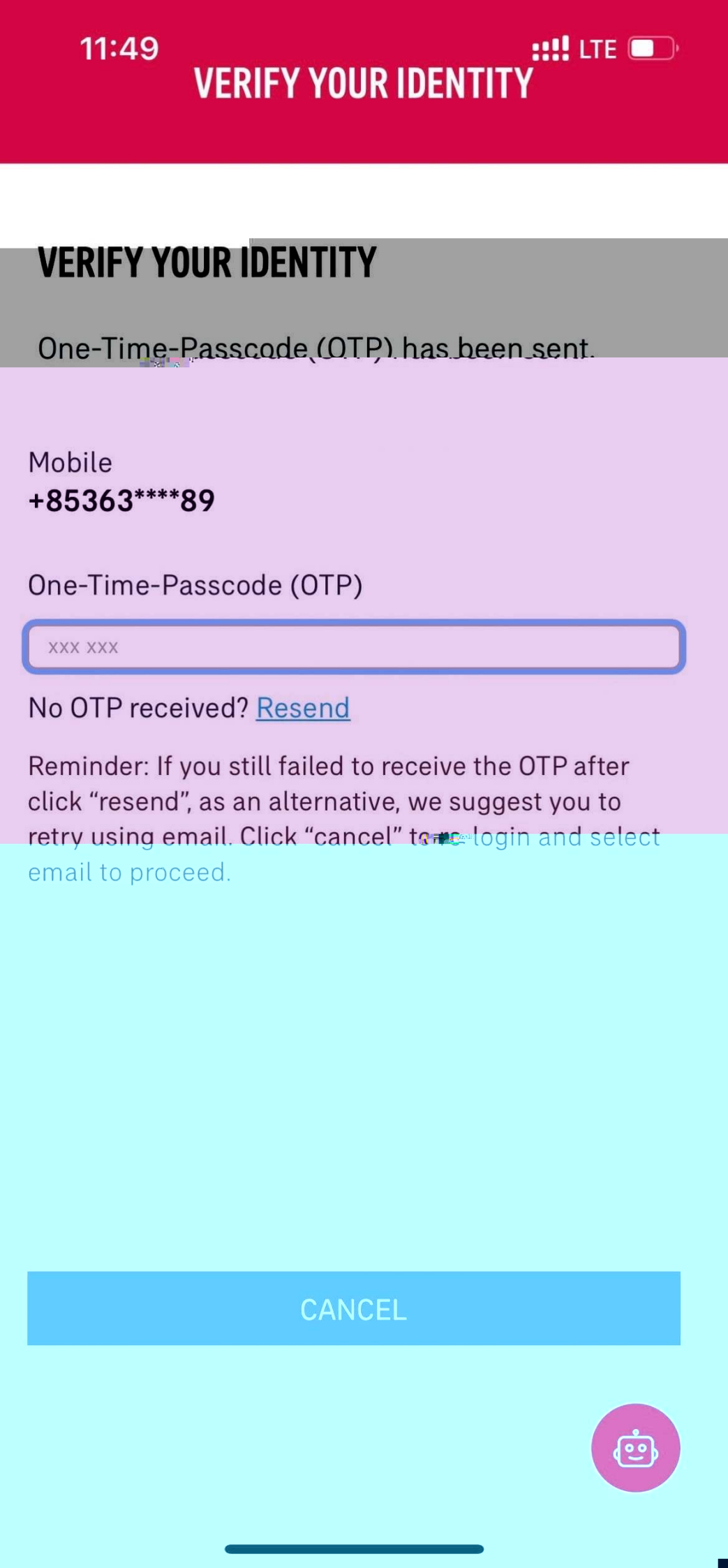
I / We confirm that I / We have read and understood the AIA Personal Information Collection Statement (Insurance, MPF/ORSO/Macau Pension, AIA Vitality).

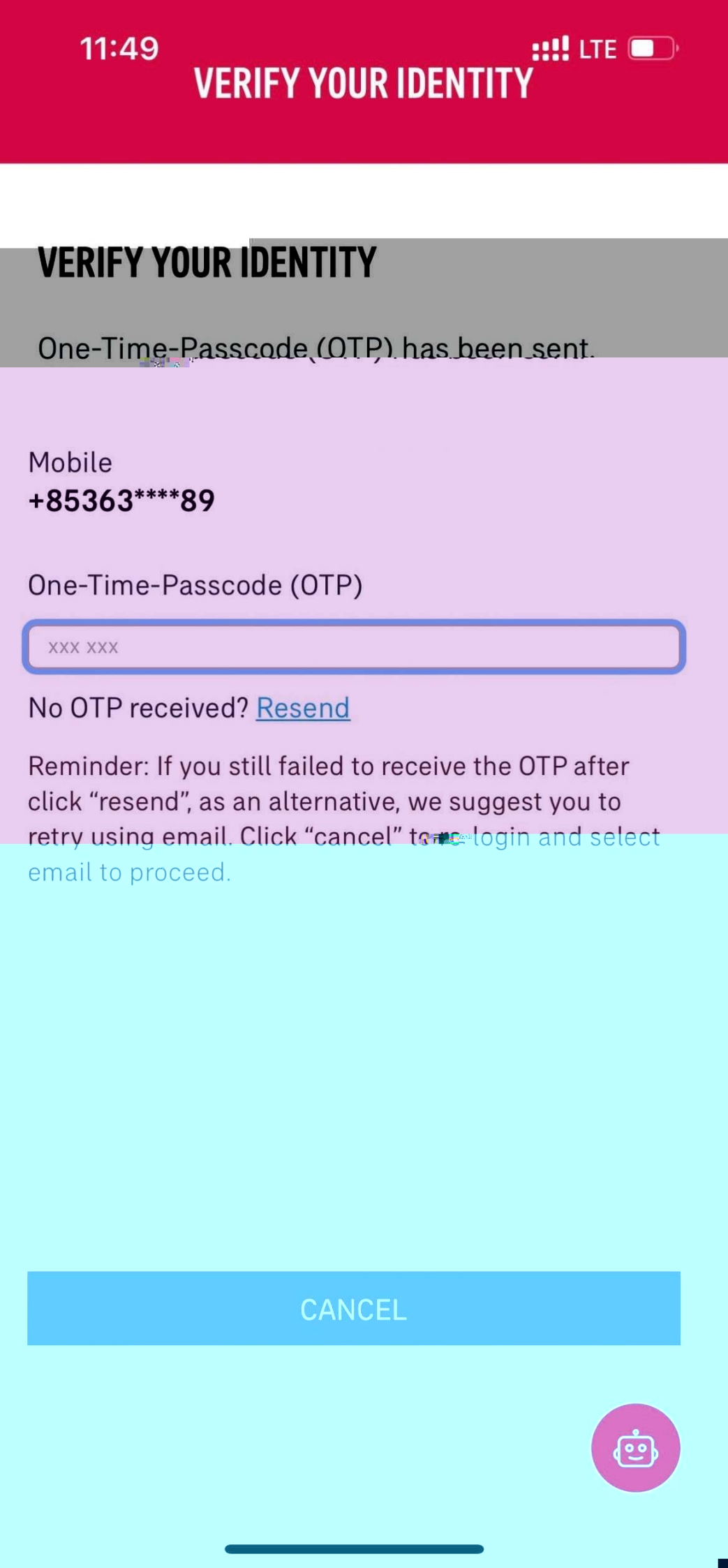
I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or

11:47
LTE
ACCOUNT MAINTENANCE
Agree
DIRECT PROMOTIONAL AND MARKETING MATERIALS
I / We confirm that I / We have read and
SUBMIT > CONFIRM > SUBMIT
SUBMIT
CONFIRM


11:48
LTE
ACCOUNT MAINTENANCE
YOUR LOGIN ID HAS BEEN UPDATED
Your Login ID has been updated
RE-LOGIN NOW
CONTINUE


11:48
LTE
WELCOME TO AIA
Thank you for choosing us to look after your insurance and wellness needs now and in the future.
We look forward to our journey together.
LOGIN
NEW USER REGISTRATION
login ID/password?
Forgot
AIA
mber : 4.360
Version nu


11:49
LTE
VERIFY YOUR IDENTITY
VERIFY YOUR IDENTITY
One-Time-Passcode (OTP) has been sent.
Mobile
+85363****89
One-Time-Passcode (OTP)
xxx xxx
No OTP received? Resend
Reminder: If you still failed to receive the OTP after click “resend”, as an alternative, we suggest you to retry using email. Click “cancel” to re-login and select email to proceed.
CANCEL


11:49
LTE
VERIFY YOUR IDENTITY
VERIFY YOUR IDENTITY
One-Time-Passcode (OTP) has been sent.
Mobile
+85363****89
One-Time-Passcode (OTP)
xxx xxx
No OTP received? Resend
Reminder: If you still failed to receive the OTP after click “resend”, as an alternative, we suggest you to retry using email. Click “cancel” to re-login and select email to proceed.
CANCEL

11:49
LTE
your Wellness
Health
Wallet

11:49 LTE

Doctor & Hospital | Claim Submission | Claim Status

Find doctor & hospital

Health

11:49 LTE

CLAIM SUBMISSION

1 2 3 4

Tell us a bit about your claim

I want to claim: Group Policy

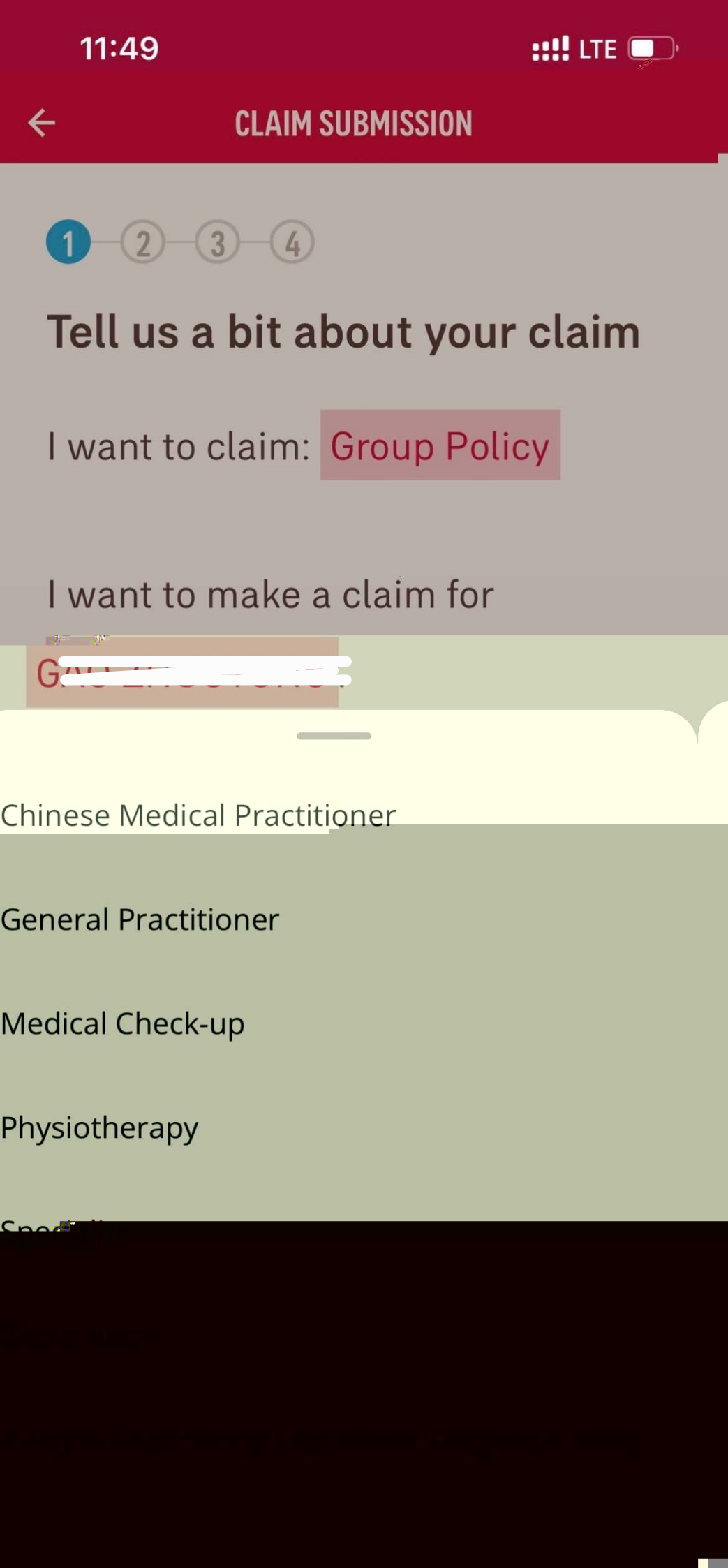
I want to make a claim for

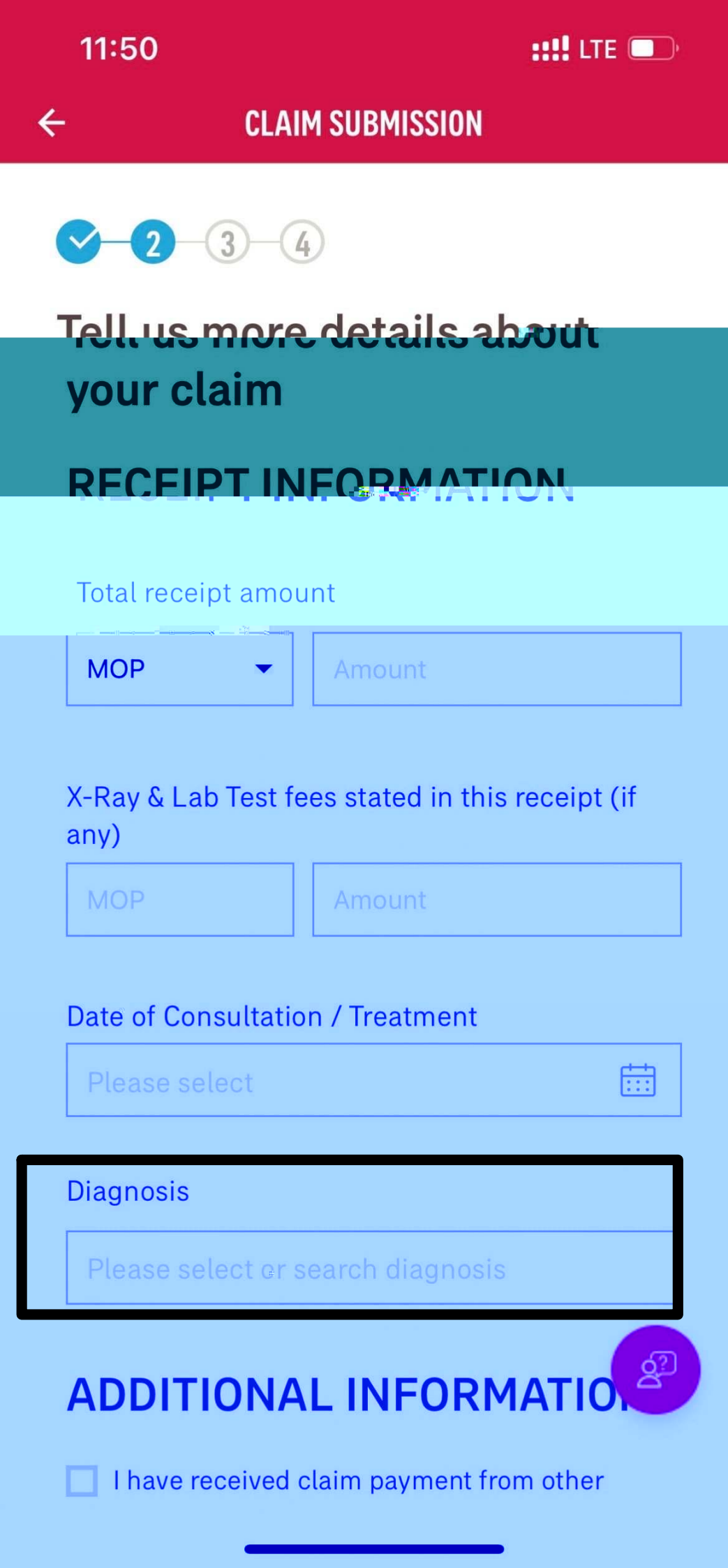
[redacted].

The claim type is Please select

*The final reimbursed amount is subject to your policy's coverage and benefit limits

NEXT


11:49
LTE
CLAIM SUBMISSION
1 2 3 4
Tell us a bit about your claim
I want to claim: Group Policy
I want to make a claim for
Chinese Medical Practitioner
General Practitioner
Medical Check-up
Physiotherapy


11:50
LTE
CLAIM SUBMISSION
2
3
4
Tell us more details about your claim
RECEIPT INFORMATION
Total receipt amount
MOP
Amount
X-Ray & Lab Test fees stated in this receipt (if any)
MOP
Amount
Date of Consultation / Treatment
Please select
Diagnosis
Please select or search diagnosis
ADDITIONAL INFORMATIO
I have received claim payment from other

11:50 LTE

CLAIM SUBMISSION

Diagnosis

Please select or search diagnosis

Cold, Common cold, Coryza, Flu, Influenza, URI, URTI (Upper Respiratory Tract Infection), Rhinitis, Pharyngitis, Sore throat, Throat discomfort

*Choose the similar diagnosis option

ADDITIONAL INFORMATION

11:51 LTE

CLAIM SUBMISSION

3 4

Upload your claim document(s)

Receipt

Amount

MOP [redacted]

[redacted]

NEXT

BACK

3 4

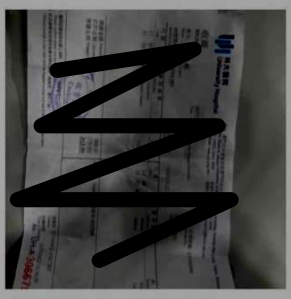
Upload your claim document(s)

Receipt

Amount
MOP 313

Date of Consultation / Treatment
18 Sep 2022

X-Ray & Lab Test Fees
MOP 0

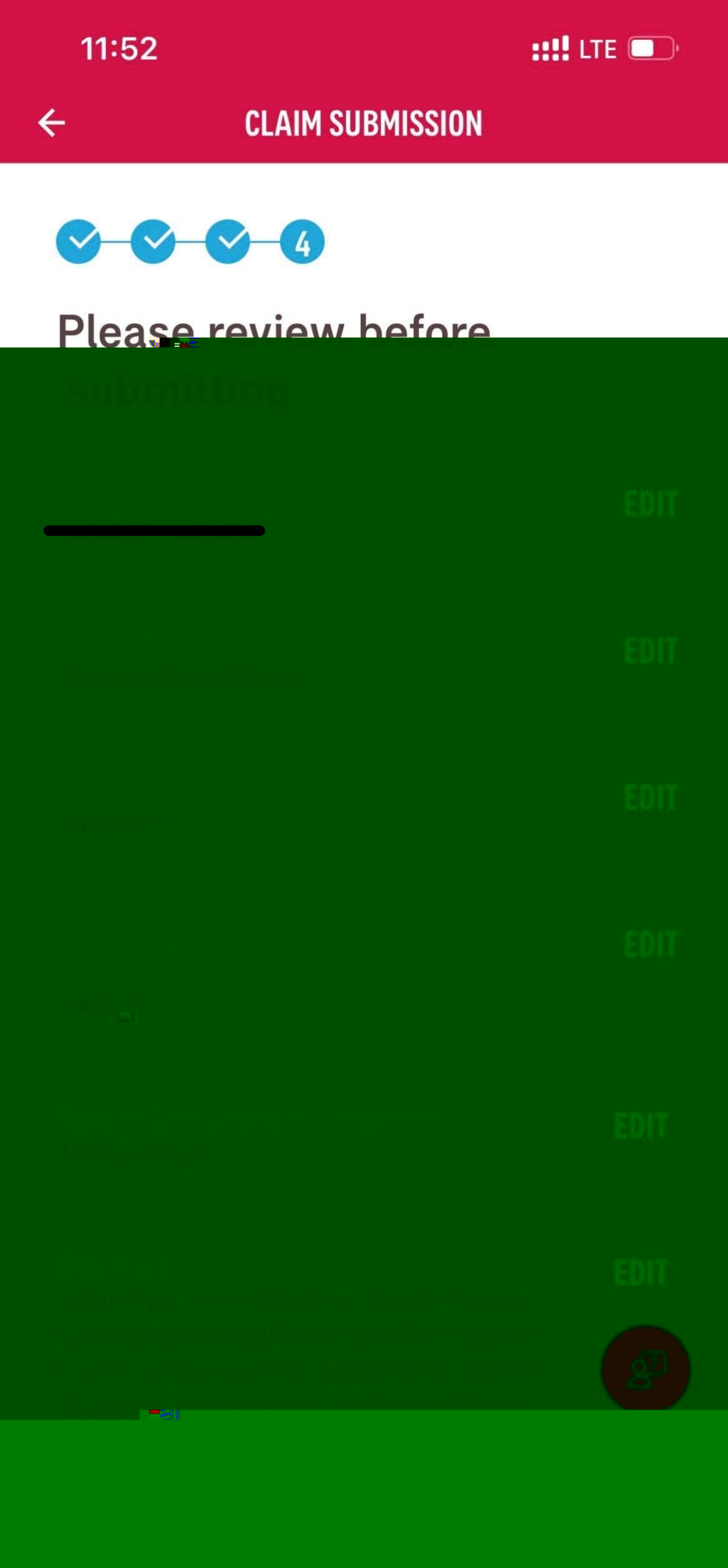


(1024x1365, 92.2 KB)
REMOVE

UPLOAD

NEXT

BACK


11:52
LTE
CLAIM SUBMISSION
4
Please review before submitting
EDIT
EDIT
EDIT
EDIT
EDIT
EDIT

receipt (if any)
MOP 0

Date of Consultation / Treatment

EDIT

EDIT

痺證/痛/病, 痛症, 酸痛

I have received claim payment from other insurer(s)

EDIT

I will submit claim request to other insurer(s)/policy(ies) with this receipt

EDIT

UPLOADED DOCUMENT

Receipt

EDIT

Date of Consultation / Treatment
18 Sep 2022

X-Ray & Lab Test fees stated in this receipt (if any)
MOP 0

EXPAND

Important Notes

Please read carefully before your submission:

- Your eClaim application is subject to claim assessment by AIA.
- You must ensure that all details in this application are true to the best of your knowledge.
- In the meantime, you DO NOT need to submit the original receipt(s) or any supporting document(s) to AIA.

Please be advised to preserve the original receipts of the corresponding medical treatment or service received for 120 days for the purpose of verification upon AIA's request.

The use of eClaims at or under AIA Connect shall at all times be governed by the Declaration and Authorization.

I/We confirm that I/ we have read, understood and accepted these terms and conditions.

Please click the "Submit" button for your confirmation of the above declaration.

SUBMIT

BACK

Important Notes

Please read carefully before your submission:

- Your eClaim application is subject to claim assessment by AIA.
- You must ensure that all details in this application are true to the best of your knowledge.
- In the meantime, you DO NOT need to submit the original receipt(s) or any supporting document(s) to AIA.

Please be advised to preserve the original receipts of the corresponding medical treatment or service received for 120 days for the purpose of verification upon AIA's request.

The use of eClaims at or under AIA Connect shall at all times be governed by the Declaration and Authorization.

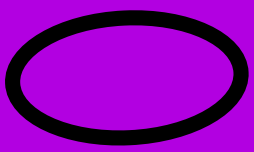
I/We confirm that I/ we have read, understood and accepted these terms and conditions.

Please click the "Submit" button for your confirmation of the above declaration.

SUBMIT

BACK

ACKNOWLEDGEMENT

Reference No.:

[redacted]