# 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** 

Forgot login ID/password?





Version number : 4.360



÷



## **NEW USER REGISTRATION**

# **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 ID** 

# REGISTER FOR AIA EASY LOGIN ID

Please fill out the form below:

AIA Easy Login ID

E.g. petersmith

Password

Enter Password

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

Confirm Password

# **CONTACT DETAILS**

#### Last Name

Enter last name

#### First Name

Enter first name

#### Mobile

+853 M/~



::!! LTE 🗩

### **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 and email address we collect from you above will only be used in processing your registration for AIA Easy Login ID or resetting password. We will not update respective personal information for any of your policies or accounts with us.

I have read and accepted the <u>Terms of Use</u> (For Mobile Applications), <u>Terms & Conditions</u> for AIA Connect and <u>Privacy Statement</u>.

# CONFIRM

CANCEL





**REGISTER FOR AIA EASY LOGIN ID** 

# 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







# **REGISTER FOR AIA EASY LOGIN ID**



# **CONGRATULATIONS!**

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

Your AIA Easy Login ID

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.



# **NEW USER REGISTRATION**

Forgot login ID/password?





Version number : 4.360

::!! LTE \_\_\_\_\_



To

# LOGIN AIA CONNECT

LOGIN ID ?

Enter Login ID

PASSWORD

Enter Password





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 <u>Terms and</u> <u>Conditions of OTP Service</u>.

Reminder: If you select mobile to receive the OTP, please ensure the reception is good and your device setting does not filter out OTP message.

AIA will never send OTP emails/SMS that contain an embedded hyperlink for login. Please do not click any hyperlink.

# CONFIRM

CANCEL



11:45 ::!! LTE :!!! LTE :!!! LTE :!!!

# VERIFY YOUR IDENTITY

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

Mobile +85363\*\*\*\*89

#### SEND OTP





11:45 ::!! LTE ·:!! LTE ·:!!

# 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







# ×

**TERMS AND CONDITIONS | AIA CONNECT** 

# 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 <u>Terms of Use (For Mobile</u> <u>Applications)</u>, <u>Terms & Conditions for AIA Connect</u> and <u>AIA Privacy Statement / Personal Information</u> <u>Collection Statement</u>.

Please refer <u>here</u> for the detailed terms and conditions for various services.

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

# AGREE

# DISAGREE







**TERMS AND CONDITIONS | AIA CONNECT** 

# 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 <u>Terms of Use (For Mobile</u> <u>Applications)</u>, <u>Terms & Conditions for AIA Connect</u> and <u>AIA Privacy Statement / Personal Information</u> <u>Collection Statement</u>.

Please refer <u>here</u> for the detailed terms and conditions for various services.

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

# AGREE

# DISAGREE









# **MANAGE YOUR EASY LOGIN ID**

Your Login ID does not contain any customer policies or accounts. We will guide you how to link your active policies / member accounts to this Easy Login ID. Click 'Start' to proceed.

Reminder: For new AIA Customer who just submitted a policy application and got the QR code, please click 'Skip' and use 'Connect New Policy' in homepage to link up the application to Easy Login ID.













÷

# **ACCOUNT MAINTENANCE**

# **ACCOUNT MAINTENANCE**

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











# 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

ද්ව





# **ACCOUNT MAINTENANCE**

Last Name\* (CHAN)

Date of Birth\* (DD / MM / YYYY)

19 Sep 2022



Policy number\* Wemust > Me > Group insurance

10 characters, e.g. 0000012345

Certification number\*

SUBMIT

CONFIRM

දුව

HOME



### **ACCOUNT MAINTENANCE**

#### 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 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 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.

🗹 Agree

#### DIRECT PROMOTIONAL AND MARKETING MATERIALS

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 agree to the provision and use of my / our personal data for direct marketing puposes in

### ACCOUNT MAINTENANCE



4

Agree

#### DIRECT PROMOTIONAL AND MARKETING MATERIALS

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 agree to the provision and use of my / our personal data for direct marketing puposes 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 direct marketing purposes and to the types of transferee as set out in the AIA PIC

Please click the box on the left (" $\checkmark$ ") if you do not agree with the provision, use and transfer of your personal data for direct marketing purposes in accordance with the AIA PIC.







# **ACCOUNT MAINTENANCE**

# YOUR LOGIN ID HAS BEEN UPDATED

# Your Login ID has been updated

In order to view the additional policies and/or accounts binded to your Easy Login ID, please login again.

**RE-LOGIN NOW** 

# CONTINUE





# 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.





Forgot login ID/password?







[ب]

# 11:49 **III** LTE **UII** 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 **III** LTE **UII** 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







# Find doctor & hospital



Insured

Please Select

### Medical Network

Please select one of the options below to generations below to generatio

![](_page_25_Picture_7.jpeg)

![](_page_25_Picture_8.jpeg)

![](_page_25_Picture_9.jpeg)

AIA Vitality

![](_page_25_Picture_11.jpeg)

# **CLAIM SUBMISSION**

![](_page_26_Picture_3.jpeg)

# Tell us a bit about your claim

I want to claim: Group Policy

I want to make a claim for

The claim type is Please select

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

![](_page_26_Figure_9.jpeg)

![](_page_27_Picture_1.jpeg)

### **CLAIM SUBMISSION**

![](_page_27_Picture_3.jpeg)

# 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

Specialist

Vaccination

X-Ray & Laboratory Test (Basic Diagnosis Test)

![](_page_28_Picture_1.jpeg)

# **CLAIM SUBMISSION**

![](_page_28_Picture_3.jpeg)

# 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

::!! LTE 🕕

#### CLAIM CUDMICCION

#### Diagnosis

#### Please select or search diagnosis

Cold, Common cold, Coryza, Flu, Influenza, URI, URTI (Upper Respiratory Tract Infection), Rhinitis, Pharyngitis, Sore throat, Throat discomfort 上呼吸道感染,流行性感冒,傷風,鼻塞,外感風熱, 內感,風寒,急性鼻咽炎(感冒),咽炎,喉嚨痛,咽

痛.喉痹

Dermatitis, Eczema, Skin allergy, Sunburn 皮膚炎, 濕疹, 濕瘡, 皮膚濕毒, 皮膚敏感/過敏, 曬斑

Diarrhoea, GE (Gastroenteritis) 腸胃炎,腹瀉,腸胃病,腸胃不適,泄瀉

HBP (High Blood Pressure), HT (Hypertension) 高血壓

Gastritis, Gastric erosion, Dyspepsia, Flatulence, Indigestion, Stomache pain, Vomiting 胃炎, 痞滿, 胃痞,胃部不適 (胃痛, 胃病, 消化不 良, 脾胃不和/虛弱, 積滯)

Dyslipidemia, Hypercholesterolemia, Hyperlipidemia, Increase in cholesterol, Lipid disorder 言能血症、言降田편血症、言血能

高脂血症,高膽固醇血症, 高血脂

\*Choose the similar diagnosis option

# ADDITIONAL INFORMATION

÷

::!! LTE 🗩

### **CLAIM SUBMISSION**

![](_page_30_Picture_3.jpeg)

# Upload your claim document(s)

Receipt 🕐

Amount MOP 615

Date of Consultation / Treatment **18 Sep 2022** 

X-Ray & Lab Test Fees MOP 0

![](_page_30_Picture_9.jpeg)

NEXT

![](_page_30_Picture_11.jpeg)

![](_page_30_Picture_12.jpeg)

![](_page_31_Picture_1.jpeg)

# **CLAIM SUBMISSION**

![](_page_31_Picture_3.jpeg)

# Upload your claim document(s)

Receipt 🕐

Amount MOP 313

Date of Consultation / Treatment **18 Sep 2022** 

X-Ray & Lab Test Fees MOP 0

![](_page_31_Picture_9.jpeg)

(1024x1365, 92.2 KB) REMOVE

# UPLOAD

![](_page_31_Picture_12.jpeg)

![](_page_32_Picture_0.jpeg)

痺證/痛/病,痛症,酸痛

11:52

11:52	::!! LTE 💽
CLAIM SUBMISSION	
receipt (if any) MOP 0	LUTT
Date of Consultation / Treatment 18 Sep 2022	EDIT
Diagnosis Arthralgia, Joint effusion, Shoulder/arn hand/elbow/wrist/hip/thigh/knee/ank foot/leg/joint pain(PFJ)關節滲液, 肩/ 手/指/肘/腕/臀/大腿/膝/踝/腳/關節瘤 痺證/痛/病, 痛症, 酸痛	EDIT le/ 膏/ 膏,
I have received claim payment from other insurer(s)	m <b>EDIT</b>
I will submit claim request to othe insurer(s)/policy(ies) with this receipt	r <b>EDIT</b>
UPLOADED DOCUMENT	
Receipt	EDIT
Date of Consultation / Treatment 18 Sep 2022	
X-Ray & Lab Test fees stated in this receipt (if any) MOP 0	den

EXPAND

![](_page_34_Picture_1.jpeg)

# **CLAIM SUBMISSION**

#### 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 <u>Declaration and</u> <u>Authorization</u>.

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

![](_page_35_Picture_1.jpeg)

# **CLAIM SUBMISSION**

#### 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 Δ 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.

![](_page_35_Picture_10.jpeg)

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.

![](_page_35_Picture_13.jpeg)

![](_page_36_Picture_1.jpeg)

### **CLAIM SUBMISSION**

# ACKNOWLEDGEMENT

Reference No.:

Your Claim is received.

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.

![](_page_36_Picture_8.jpeg)

# SUBMIT ANOTHER CLAIM

![](_page_36_Picture_10.jpeg)