claim form
electric devices
multimedia material

Personal information

Policy N° :

Last & first name of the policyholder :

Address :

Email :

Mobile No :

IBAN :

Your damaged device (to be completed by the repair service)

Type of device :

If other, please describe :

Manufacture year :

Brand / Model :

Replacement value :

(please join purchase invoice)

Causes and circumstances of the damage (to be completed by the repair service)

Cause :

If other, please describe :

Repair costs (to be completed by the repair service)

Please keep the damaged items until the claim has been settled.

a) Material costs	**Units**	**Price per unit €**	**Total price €**
b) Working hours			
c) Transport costs			
d) VAT			
		Total	

Name of repair service :

The undersigned declares having answered to all questions conscientiously and truthfully.

The policyholder and / or the signing insured authorize the company AXA Assurances Luxembourg to collect the personal data provided via this claim form or subsequently through other means that are necessary to process and settle the claim in question. This information may be passed on to third natural or legal persons outside the company who are involved in the handling or settlement of the claim. If it does not concern information that is absolutely necessary to deal with the case, their disclosure is not mandatory. The policyholder or the insured always have access to the information provided and they may correct the personal information.

Completed in :

On : . .

You might be required to submit a signed declaration in order to complete your file.

Please save your document and send it to claims@axa.lu

Send