claim form

liability insurance diverse risks

Personal information

Policy n°: Last & first name of policyholder:

Address:

E-Mail: Mobile No:

IBAN:

Information regarding the incident

Date: . . Time: . Place:

Description (explain the circumstances):

Opposing party

Last & first name:

Address:

E-Mail: Telephone:

Description of the material damages

Description and evaluation (please attach estimate and photo):

If a vehicle is involved, has an accident report been completed? Yes No
If yes please submit it with this claim form.

Has someone been injured? (please state full name, address and telephone number of the injured person(s) and type of injuries)

Injured person:

Injured person:

Injured person:

Injured person:

Additional Information

Has somebody witnessed the accident ? Yes No

Full name and address:

Has a police report been completed ? Yes No

N° of the report: Police station:

Please attach a copy of the confirmation of submission of report.

Other information

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 informations

Done in: on . .

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

N.B.: All written documents and citations concerning this claim should be reported immediately to the insurance company. The policyholder cannot make any admission of liability or damage without prior approval of the Company.

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