



This claim form is not an admission of liability. In order to ensure fast and accurate processing, kindly fill out this claim form in full. This form has been simplified and all fields are compulsory. Thank you for your cooperation.



Policy details

Policy no.:	Policy holder/Company name:
Email:	Phone no.:
Do you own the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide owner details below:



Incident description

Date of incident:

Location of the incident:	<input type="checkbox"/> Home	<input type="checkbox"/> Out in the open but inside the premises	<input type="checkbox"/> Outside the premises
	<input type="checkbox"/> Abroad	<input type="checkbox"/> In transit from Insured's home to another home	
Type of claim:	<input type="checkbox"/> Accidental damage	<input type="checkbox"/> Theft	<input type="checkbox"/> Injury
	<input type="checkbox"/> Fire damage	<input type="checkbox"/> Water damage	<input type="checkbox"/> Other (please specify)

Please provide a brief description of the incident and the extent of damage:

In case of theft, please attach the police report (mandatory).

Was the incident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on which date:
To which police station was it reported to?	
Is there any other insurance covering the same property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company: Policy no.:



Bank details

Beneficiary name:	IBAN:
-------------------	-------



Policy holder declaration

I declare that I have become eligible to make a claim under the terms of my policy and claim benefit accordingly. I certify that, to the best of my knowledge, the above information is true and correct.

I understand that if any information provided by me is found to be deliberately misleading or incorrect, this claim may be rejected and my Policy may be treated as invalid. In such circumstances, I also understand that I will have to repay any benefit that I have received to date and that legal action could be taken against me.

I authorise AXA to make any enquires and obtain any information they consider relevant from any doctor(s), employer(s), ex-employer(s) or elsewhere. I understand that I must provide evidence to AXA to prove my claim. I understand and give explicit consent that the sensitive health and other information I may provide about myself will be used, stored, transferred and/or disclosed by AXA, its agents and associated companies, other insurers, regulators, industry, and public bodies (including the police) and agencies to process this insurance and any other insurance, handle claims and prevent fraud. This may involve the transfer of such information to other countries.

AXA has taken steps to ensure that your information is held securely. You have the right to access your personal data held by AXA. If you believe that your personal data held by AXA is inaccurate you have the right to ask for this to be rectified.

Date:	Signature:
-------	------------

