



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 address:	Phone no.:	
Claimant's name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Incident date:



Incident Description (In case of loss of baggage or theft, police report is mandatory)

When and where was the property last seen by you? Date:	Time:	Place:
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? (please attach the police report)		
Is there any other insurance covering the same property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company:	Policy no.:
Departure date:	Departure time:	Departure airport:
Arrival date:	Arrival time:	Arrival airport:
Reason for the flight cancellation/delay:	Number of hours the flight/baggage was delayed by:	
Please provide a brief description of the incident:		



Medical expenses

Do you have any health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company:	Policy no.:
Type of medical emergency: <input type="checkbox"/> Illness <input type="checkbox"/> Accident	Claim amount:	
Type of treatment: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Both	Have you previously suffered of the above injury/illness: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the details of the treatment received:		



Bank details

Beneficiary name:	IBAN:
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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:
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If you have any question regarding this form or any other aspect of the cover, please send your enquiry to our Non Motor Claims Team at the email address travel.claims@axa-gulf.com or by phone on 800 292.

Submit