

# Claim form

## Severe weather conditions



### Personal data

Policy N°: \_\_\_\_\_ Policyholder's first and last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
IBAN: \_\_\_\_\_

### Information regarding your claim

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

### Your damage

Description and estimation (**attach quotation and photos**)

Please keep the damaged objects until the claim is settled.



Building



Content

### Additional information

The undersigned Policyholder and/or Insured authorizes the Company AXA Assurances Luxembourg to record the personal data collected in this declaration or subsequently communicated by any means and necessary for the management and settlement of the related claim file. In particular, this data may be communicated to any natural or legal person outside the Company and involved in any capacity whatsoever in the management or settlement of the claim. Insofar as the data do not concern any elements essential for the management of the file, their communication is not mandatory. The Policyholder or the Insured has at all times the right to access the data provided and to request the rectification of his personal data.

Done in \_\_\_\_\_ on \_\_\_\_\_

A signed declaration may be requested from you to complete your file.

A complete notice of claims speeds up the processing of your claim.

**Send**