

**Personal Information**

Policy Nr. \_\_\_\_\_ Name of insured: \_\_\_\_\_

Brand & model of insured vehicle: \_\_\_\_\_ License plate: \_\_\_\_\_

Driver's last & first name: \_\_\_\_\_

Address: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ \*Mobile Nr. \_\_\_\_\_

Office telephone: \_\_\_\_\_ Date of birth: . . .

Date of 1<sup>st</sup> issuance of driver license: . . . Valid until: . . . \* : Mandatory information

**Your vehicle can be driven? Then benefit of our Pick-up & Delivery Service!**

Explication of the Pick-up & Delivery Service:



**AXA engagement :**

AXA will contact you within 8 hours in order to organize the Pick-up & Delivery Service for your vehicle at your best convenience.

YES, I wish to benefit of the Pick-up Delivery Service

Date: between the . . . and . . . Preferred time: \_\_\_\_\_

Location: \_\_\_\_\_ (only possible in Luxembourg)

NO, I do not wish to benefit of the Pick-up % Delivery Service

Repair garage: \_\_\_\_\_ Date of repair: . . .

Repair estimate: € \_\_\_\_\_

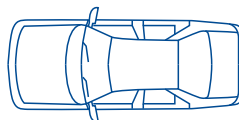
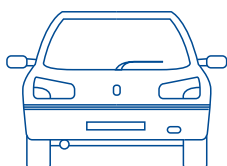
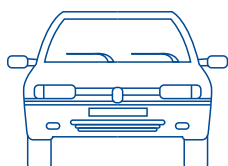
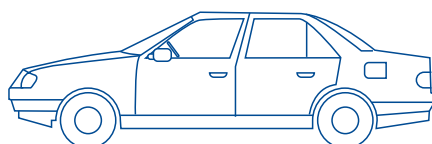
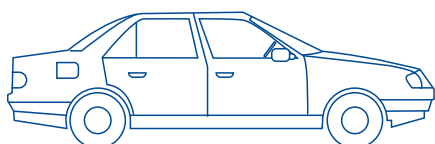
\*Rental car: Yes No don't know this for the moment

**Information regarding the accident**

Date of the accident: . . . Time of the accident: . . . Place of the accident: \_\_\_\_\_

Cause of the accident: \_\_\_\_\_ Location of damage \_\_\_\_\_

please check the box(es):



- Extensive damage
- Chassis (base)
- Interior
- Previous damage
- Roof

## Opposing party

Did you fill out an accident report?  Oui  Non  Please join it to this form

No accident report was completed when the accident occurred? Please answer the following questions:

Last & first name of the third party:

Address:

Telephone:

Type of the damaged property:

If „car“, please state license plate:

If „other“, please precise:

## Has someone been injured? (Please state full name, address and tel. of the injured person and type of injuries)

In your vehicle:

In the vehicle of the third party:

Outside the vehicles:

## Description of the accident

## Information on the accident

Has a police report been completed?  Yes  No

Nr of police report:

Police station:

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.

Save your document and send it to [claims@axa.lu](mailto:claims@axa.lu)

**Send** 