

## Personal information

Policy n°: \_\_\_\_\_ Last & first name of policyholder: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
IBAN: \_\_\_\_\_

## Information regarding the incident

Date: . . . Time: . . . Place : . . .

Type of incident: \_\_\_\_\_ If others, please describe: \_\_\_\_\_

## Causes and circumstances of the damage

## Your damage

Description and estimation (please attach estimate and photos)  
Please keep the damaged items until the claim has been settled.

Building



Content



A complete claim form accelerates the treatment of your claim.

## Additional information

Has a police report been completed ? Yes      No

N° of the report :

Police station:

Please attach a copy of the confirmation of the submitted 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 information.

Completed in:

on . . .

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

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

**Send** 