

Personal information

Policy n° : Last & first name of policy holder :
Address :
E-Mail : Mobile n° :
IBAN :

Information regarding the Incident

Detailed description :

Please add all objects / documents relevant to your claim to this form

If a police report has been completed, kindly fill in the information below and add the report to your claim form.

Report number :

Police station :

Date of the report : . . .

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.

N.B.: All written documents and citations concerning this claim should be reported immediately to the insurance company. The policyholder cannot make any admission of liability or damage without prior approval of the Company.

Please save your document and send it to: claims@axa.lu

Envoyer 