

Travel Insurance AXA Assistance Claims Centre Services Claim Form.

AXA ASSISTANCE OCEAN INDIEN LTD
PO BOX 765, BELLE VILLAGE, PORT
LOUIS, MAURITIUS

Date Sent:

Claim Ref:

Please answer all the questions contained in this claim form, leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead to us asking unnecessary questions thus delaying the processing of your claim.

Personal Details - Required for all Claims

Claimant Details	Mr/Mrs/Miss/Ms	<input type="text"/>	Home Address	<input type="text"/>	
	Surname	<input type="text"/>		<input type="text"/>	
	Forenames	<input type="text"/>		<input type="text"/>	
	Date of Birth	<input type="text"/>		<input type="text"/>	
	Occupation	<input type="text"/>	Postcode	<input type="text"/>	
	National Ins No.	<input type="text"/>	Home Tel.	<input type="text"/>	Work Tel <input type="text"/>
	Nationality	<input type="text"/>	Email	<input type="text"/>	

Policy and Holiday Details

Type and Amount of Claim

Policy Number	<input type="text"/>	Policy Benefit	Amount Claimed	Policy Benefit	Amount Claimed
Date Issued	<input type="text"/>	A. Cancellation or Curtailment	<input type="text"/>	L. Loss of Passport	<input type="text"/>
Declared Health Problem(s)	<input type="text"/>	B. Medical Expenses	<input type="text"/>	M. Hijack	<input type="text"/>
Travel Agent & Branch	<input type="text"/>	C. Hospital Benefit	<input type="text"/>	N. Optional Winter Sports	
Tour Operator	<input type="text"/>	D. Mugging Benefit	<input type="text"/>	1. Ski Equipment	<input type="text"/>
Date of Booking Holiday	<input type="text"/>	E. Personal Accident	<input type="text"/>	2. Ski Hire	<input type="text"/>
Depart Date	<input type="text"/>	F. Personal Belongings	<input type="text"/>	3. Ski Pack	<input type="text"/>
Return date	<input type="text"/>	G. Personal Money	<input type="text"/>	4. Piste Closure	<input type="text"/>
No. in Party	<input type="text"/>	H. Personal Public Liability	<input type="text"/>	Total Amount Claimed	<input type="text"/>
Total Days	<input type="text"/>	I. Travel Delay	<input type="text"/>	Important Note: Some of the benefits detailed may not be available upon the policy you hold.	
Country	<input type="text"/>	J. Missed Departure	<input type="text"/>		
Resort/Town	<input type="text"/>	K. Legal Expenses	<input type="text"/>		

Have you purchased any additional travel insurance options e.g. Hazardous Activities?

YES

NO

If yes please state which.

It is against the law to submit a fraudulent insurance claim, if your claim is found to be fraudulent your claim will be declined and the authorities informed.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither AXA Assistance Claims Centre Services nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.

2. I/We understand that the information on this form will be passed to or used by AXA Assistance Claims Centre Services for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.

3. I/We give my/our authority to AXA Assistance Claims Centre Services to contact my household insurers or medical insurers or other travel insurers regarding a contribution.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Claimants Signature	D.O.B	Dated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Ref:

Documents You Need to Send Us - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS

- | | |
|---|--|
| <p>1. Insurance policy schedule/certificate of insurance/tour operators booking invoice showing payment of your insurance premium.</p> <p>2. Original evidence to substantiate travel. Eg. booking invoice, travel itinerary, tickets.</p> <p>3. A police report, if your property was lost or stolen whilst it was not in the custody of a carrier.</p> <p>4. If your claim is for property lost, stolen or damaged whilst in the custody of a carrier please forward a copy of their or their agents report, their written confirmation that no payment has been issued to you and all used travel tickets and baggage tags.</p> <p>5. For all personal possessions claimed please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or electronic goods claimed for.</p> | <p>6. Damage claims only - please provide an estimate for repair or if the item is damaged beyond repair we require written confirmation of this from a relevant tradesman, please retain all damaged items as we may require them to be forwarded to our offices.</p> <p>7. Baggage delay claims only - receipts for necessary purchases of clothing and toiletries and the carriers confirmation of the incident and the incident and the date and time your luggage arrived.</p> <p>8. Loss of passport claims only - receipts for travel, accommodation and communication expenses incurred in obtaining a replacement passport or travel document.</p> <p>Important - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Ref No.' when detailing the expenses or items for which your claiming on page 2.</p> |
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If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Please answer ALL Questions Below - BLOCK CAPITALS PLEASE

1. Where and when did the loss, theft or damage occur?

Date & time the loss, theft or damage was discovered. / /

Place of incident (country and resort or town).

2. Baggage delay claims only.

(a) Date and time of your arrival in resort. / /

(b) Date and time you received your luggage. / /

(c) Length of delay.

(d) Compensation received from carrier, please provide documentary evidence of this. If no compensation received please state.

(e) Flight number

3. Was the incident reported to the:

	Date	Time	Reference
Police	/ /		
Carrier e.g. airline, cruise line, bus or rail company.	/ /		

4. Detail below the circumstances surrounding the incident and the precautions taken to protect your property, continue on a separate sheet if necessary.

5. Where were the items at the time of the loss, theft or damage.

6. Loss and theft claims only - what actions did you take to attempt recover your property? Was the incident reported to e.g. your holiday rep, rental car company or hotel? If it was please detail below and provide a copy of their report if obtained.

7. Other Insurance

a. Details of your Household Insurance

Insurer name	<input style="width: 95%;" type="text"/>	Policy no.	<input style="width: 95%;" type="text"/>
Insurer address	<input style="width: 95%;" type="text"/>	Details of any previous household or travel insurance claims.	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Post code	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

b. Has a claim been submitted with any other insurer e.g. your household insurer or a carrier e.g. an airline? YES NO If yes, give details and a claim reference number below:

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Claim Ref:

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS: THE VALUE OF ITEMS CLAIMED FOR IS CALCULATED, NOT AT REPLACEMENT AS NEW VALUES, BUT AT WORTH AT THE TIME OF LOSS, TAKING AGE AND DEPRECIATION INTO ACCOUNT, I.E. SECONDHAND REPLACEMENT COST.

Please complete the sections below that are relevant to your claim - BLOCK CAPITALS PLEASE

Details of damaged, stolen, destroyed or lost Personal Baggage (continue on a separate sheet if necessary).

Please provide full details of each item claimed for. (For cameras give make and model number, lens details etc. for watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewelry give nature and quality of the metal content, size and type of stones etc.). Purchase receipts and valuations must be provided.

Ref No.	Description of Item	Owner	Place of Purchase	Date Acquired	Purchase Method	Purchase Price	Office Use Only

Baggage delay claims only - detail the essential items purchased due to the delay (continue on a separate sheet if necessary).

Ref No.	Claimant Name	Description of Item	Date	Cost	Currency	Office Use Only

Loss of passport claims only - detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).

Ref No.	Claimant Name	Description of Item	Date	Cost	Currency	Office Use Only