

# 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

<b>Claimant Details</b>	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"/>	<b>Policy Benefit</b>	<b>Amount Claimed</b>	<b>Policy Benefit</b>	<b>Amount Claimed</b>
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"/>	<b>N. Optional Winter Sports</b>	
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"/>	<b>Total Amount Claimed</b>	<input type="text"/>
Total Days	<input type="text"/>	I. Travel Delay	<input type="text"/>	<b>Important Note: Some of the benefits detailed may not be available upon the policy you hold.</b>	
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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Travel Delay and Missed Departure

Claim Ref:

## AXA Assistance Claims Centre Services

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

1. Insurance policy schedule/certificate of insurance/tour operators booking invoice showing payment of your insurance premium.
2. Original evidence to substantiate travel e.g. booking invoice, travel itinerary, tickets.
3. Travel delay claims only - a letter from the transport company, for example the airline or bus company, with whom you were travelling when the delay occurred detailing the cause and length of the delay you suffered.
4. Missed departure claims only - a letter from a public transport company confirming the reason for and length of the delay you suffered, or a letter from a garage or recovery company confirming vehicle breakdown. If your claim is a result of the mechanical or electrical breakdown of a private motor vehicle you will also need to supply a copy of the vehicles service history.
5. Missed departure claims only - original receipts for expenses incurred in purchasing a ticket for an alternative journey, please number the receipts and put the number in the column headed 'Ref No.' when completing question 5.

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

<b>Travel Delay Claims</b>	Scheduled Departure.	Date	<input type="text"/>	Time	<input type="text"/>	Length of delay (hours and minutes).	<input type="text"/>
	Actual Departure.	Date	<input type="text"/>	Time	<input type="text"/>	Name of Carrier	<input type="text"/>

### Missed Departure Claims

#### 1. Scheduled and actual travel dates and times.

Date of your departure from your home address or resort.	<input type="text"/>	Date of your scheduled departure from the international departure point.	<input type="text"/>	At what point in your journey did the delay occur/commence?	<input type="text"/>
Time of your departure from your home address or resort.	<input type="text"/>	Time of your scheduled international departure.	<input type="text"/>	At what time did travel commence?	<input type="text"/>
Place of your scheduled departure.	<input type="text"/>	Time of your scheduled check-in for international departure.	<input type="text"/>	Exactly how long were you delayed?	<input type="text"/>

#### 2. Please give details of the incident leading to your missed departure, continue on a separate sheet if necessary.


#### 3. If this claim is being submitted as a result of a motor vehicle accident involving a third party please provide their details and those of their insurers below.

Third party name.	<input type="text"/>	Insurer name.	<input type="text"/>
Third party address.	<input type="text"/>	Insurer address.	<input type="text"/>
Post code.	<input type="text"/>	Post code.	<input type="text"/>
Ph No.	<input type="text"/>	Policy reference and claim No.	<input type="text"/>

#### 4. Please detail the additional expenses incurred below (use a separate sheet if required).

Ref No.	Date	Description of item	Bill From	Amount	Currency	Office Use Only

#### 5. Other Insurance

Has a claim been submitted under any other insurance policy?  YES  NO If yes, give details and a claim reference number below.

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