

AXA INSURANCE (GULF) B.S.C.(c)

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HOLIDAY MULTICOVER CLAIM FORM

The issue of this form is not an admission of liability. Complete it fully and return immediately

POLICY NUMBER		CLAIM NUMBER	
NAME OF INSURED		ADDRESS	
TELE NO - WORK MOBILE	RESIDENCE FAX	E MAIL	
TYPE OF CLAIM		DATE OF CLAIM	
CIRCUMSTANCES OF CLAIM <p style="text-align: right;">(Continue on separate sheet if necessary)</p>			
Baggage And Personal Money	At what place, date and time was property last seen by you?		
Were the particulars reported to the police? If so give details of when and at what police station and attach the police report.			YES/NO
Is there any other insurance covering the same property? If yes please give details.			YES/NO
Have you had any other previous losses arising from this policy or any other policy? If yes please give details.			YES/NO
What steps have you taken to recover the property?			
What steps have you taken to prevent a recurrence?			
Delayed Baggage	No of person travelling	Adults	Children
Departure Date, Time and Airport			
Arrival Date, Time and Airport			
Have you been compensated by Airline?		YES/NO	Amount
Date and Time Baggage was received		List overleaf essential items purchased with receipt	
Medical Expenses	Is the claim for	Sickness	Accident (Please tick)
Date of Sickness/Accident		Nature of Sickness/Accident	
Was the treatment	Outpatient	Inpatient	Both
Have you previously suffered from a) the above injury or sickness? b) any other injury or sickness? If so please give details with dates and particulars of treatment received.			
PLEASE ENSURE ALL APPROPRIATE DOCUMENTS ARE ATTACHED TO THIS CLAIM FORM. DEPENDANT UPON THE TYPE OF CLAIM THE FOLLOWING ARE REQUIRED 1. AN APPROPRIATE REPORT FROM THE CONCERNED AUTHORITY 2. AN ITEMISED LIST OF PROPERTY WHICH HAS BEEN LOST/ DESTROYED/ DAMAGED 3. RECEIPTS TO SUPPORT THE ITEMISED LIST			

All questions should be answered fully and accurately and the declaration overleaf should be signed and dated.

Instructions regarding claims

1. Articles actually lost or stolen are to be described first in the detailed list. Articles which have been damaged must be so described and shown at the end of the list.
2. Receipts showing date, price and place of purchase of the articles set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/ recover the property lost and in the case of theft to discover and punish the guilty party/ ies.
4. In the case of damage, an estimate for repair should be submitted. If the article is not repairable, a letter from Repairers to that effect should be sent. All salvage must be retained.

Basis of assessing value where property is lost stolen or totally destroyed

The amount claimed should represent a reasonable figure having regard to the replacement costs of an equivalent article at the time of the loss less an appropriate deduction for wear, tear and depreciation.

This section to be used for property and delayed baggage

Describe the Property lost, destroyed or damaged	Where and when bought	Price paid/ Estimated cost of Repair	Amount claimed	Depreciated/ Salvage value
TOTAL				

(Continue on separate sheet if necessary)

This section to be used for medical claims only

Details of amounts claimed (All items must be supported by bills and receipts)	
Doctors Fees	
Medicines	
Hospital Charges	
Any other expenses (give details)	
Total Amount	

The Declaration
I/ We hereby declare that the above mentioned particulars are true to the best of my/ our knowledge and belief.

Date: Signature of Insured:.....