



redefining / art insurance

CLAIM FORM

At AXA ART we pride ourselves on our claims handling service. To help us deal with your claim as efficiently as possible, please complete all relevant sections, sign, date and return this form to your broker or to AXA GULF Insurance, PO Box 290, Dubai

A. DETAILS OF POLICY HOLDER

Name

Home Telephone/ Mobile

Postal Address

Email Address

Insurance Broker

Your Policy No.

B. CLAIMS DETAILS

Date of loss and damage (or date damage or loss was discovered)

Location of loss and damage

Circumstances of loss or damage

If your loss/damage occurred in transit please provide copies of any documentation with the shippers and/or packers. Please provide any additional information relevant to the claim as a separate written

C. LOST OR STOLEN PROPERTY

- The police should be notified of all lost / stolen property.
- Lost items should be reported to the Police Property Officer on the non-emergency number 101
- Please provide us with photographs of the missing/stolen Fine Art and/or Jewellery

Crime reference/ Lost property no.

If claimed item was stolen from your Risk Address, please provide the following information:

What protective devices were fitted at the point of access and were in operation at the time of loss? e.g. security alarm, 5 lever mortice deadlocks, key operated window locks etc.

Were the premises occupied at the time?
If 'No', when were they last occupied?

Yes No

Do you suspect any person or persons
If 'Yes', whom?

Yes No

What enquiries have been made and what steps have been taken to recover the lost property? Please attach all correspondence relating to your enquiries.

D. OTHER INSURANCES

Complete if the property claimed for is covered by any other insurance policy or if any payment has been paid partially or in full by another Insurer.

Name & Address of Insurer

Policy No

E. DETAILS OF PROPERTY

- Please list all items that have been lost, damaged or stolen
- Please do not dispose of any damaged property as we may wish to have a look at it
- Please provide photographs and written estimates / invoices where possible
- Please provide paperwork supporting the values claimed such as valuations, original purchase receipts, inventories etc.
- Where property is not owned outright, please give details of other interested parties
- Please include a separate sheet for any additional items

Description of property	Insured value	Estimated cost of repair	Total claimed amount
TOTAL			

F. CLAIMS PAYMENT

Please provide details to enable us to issue your settlement payments promptly

BANK TRANSFER:

Bank Name

Account Name

Account No.
Or IBAN and BIC code

Sort or SWIFT Code:

G. BEFORE YOU RETURN THIS FORM TO US PLEASE ENSURE YOU ENCLOSE THE FOLLOWING:

- Photographs
- Formal estimates or invoices
- Documentation to support the amount claimed

H. DECLARATION

If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false de all benefit under this policy will be forfeited.

I/We hereby declare that to the best of my/our knowledge and belief all information given on this c is correct

Signature

Date