



redefining / standards

AXA Insurance Gulf B.S.C.

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Office Secure claim form

This claim form is not an admission of liability. We thank you in advance for filling in this claim form in full in order to assure a fast and accurate processing. This form was simplified according to your needs. As a consequence, all fields are compulsory. Thanks again for your cooperation.

A. ADMINISTRATIVE

| | |
|----------------|-------------------------------|
| Policy No: | Policy Holder / Company Name: |
| Email Address: | Phone No: |

B. LOSS/DAMAGE CIRCUMSTANCES

| | | | |
|--|-------------------------------------|-----------------------------------|--------|
| Date of Loss/Damage: | Time of Loss/Damage: | | |
| Location of the unit insured: | Nature of the Loss/Damage incurred: | | |
| Detailed description of circumstances of loss: | | | |
| When and where was the property last seen by you? | Date: | Time: | Place: |
| Was the incident reported to the Police? N Y | If Yes, in which date? | | |
| To which Police station? | | (please attach the Police report) | |

C. DETAILS OF THE LOST/DAMAGED PROPERTY

| Do you own the property? Y N | If not, please provide the Owner's details: | |
|---|--|--------------------------|
| Are there any parts of the premises lent, let or sublet? Y N | If Yes, please provide the Tenant's details: | |
| Where the premises occupied at the time of the loss/damage? Y N | | |
| Describe the property lost/damage/destroyed | Date and Place of purchase | Price paid / Repair cost |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Amount claimed: | | |

D. POLICYHOLDER DECLARATION

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

Date: _____ Signature: _____

If you have any question regarding this form or any other aspect of the cover, please send your enquiry to our Non Motor Claims Team at the email address office.claims@axa-gulf.com or by phone on 800 4845 (Clients) / 800 292247 (Brokers) by quoting your policy number. For a quick registration you can start submitting the form in a digital format by clicking on the button "--> Submit form". Don't forget to attach a digital copy of all supporting documents to the self-generated mail before sending the message to the email address office.claims@axa-gulf.com. Following to the digital submission, this form must be signed and the original claim form mailed to the AXA office address mentioned in the head of this claim form, along with any other original documents required by AXA.