



redefining / insurance



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Co. Reg No. 199903512M

ART CLAIM FORM

Policy/ Certificate No.

The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS

Full Name

NRIC/FIN No.

Email

Mobile No.

Correspondence Address

Is your company GST Registered?

Yes

No

C. LOSS DETAILS

Date and Time

Place

Description of loss/accident & nature of loss/damage

When was it discovered and by whom?

Name and address of person responsible for the loss or damage

For loss of property, please state the place, date and time when it was last seen by you

Is there any other insurance on the property? If yes, give details.

No

Yes

please provide details.

Do you own the property? If no, give name and address of the owner.

No

Yes

please provide details.

Is any part of the premises lent, let or sub-let or are receiving paying guests? If so, give details.

No

Yes

please provide details.

Is the property subject to a hire purchase or loan agreement? If yes, give name and address of finance or lending company.

No

Yes

please provide details.

Articles actually lost or stolen are to be described first in the detailed list below. Articles which have been damaged must also be described and shown at the end of the list.

D. PARTICULARS OF CLAIM

Describe the Property lost, destroyed or damaged	Where and when bought	Price Paid/ Estimated Cost of Repair	Value at the Time of Loss	Amount Claimed

Total

Please submit the particulars of the claim in another sheet of paper if more rows are required

E. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)	<input type="text"/>		
Bank Name	<input type="text"/>	Bank Code	<input type="text"/>
Account No.	<input type="text"/>	Branch Code	<input type="text"/>
Email (for payment notification)	<input type="text"/>		

F. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date: _____

Date: _____

Signature of Claimant

Signature of Policyholder
(Please also provide Company Stamp for corporate policy)

G. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Invoices/receipts showing date, price and place of purchase of the articles/property set out above
- Colour photos showing the damaged property &/or CCTV footage showing circumstances of incident
- Technical report from repairer on the cause and extent of the damaged property
- At least 2 quotations for repair/replacement of the lost or damaged property
- Police Report - For Theft and Burglary

H. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



www.axa.com.sg
(Claim Section)



1800 880 4888



cst@axa.com.sg

AXA Insurance is committed to making your claim submission simple and easy.
Thank you for insuring with AXA Insurance, we are proud to serve you.