



redefining / insurance



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Motor Insurance Claim Form

Policy No.

To speed up the process, please (1) Complete this form, (2) prepare the relevant documents listed on page two, and (3) Mail or submit them to AXA Office as soon as possible. Thank you.

A. INSURED & DRIVER DETAILS

Insured	Full Name			
	Email		Mobile No.	
	Correspondence Address			
Driver (if not insured)	Full Name		Relationship with Insured	
	Email		Mobile No.	
	Correspondence Address			

* Driving License Number of the person driving the car at time of accident: _____

B. VEHICLE DETAILS

Make		Model		Registration No.	
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C. LOSS DETAILS

Date (DD MM YY)		Time	
Location of Loss/ Damage			
Type of Loss/ Damage	<input type="checkbox"/> Own Damage <input type="checkbox"/> Theft - Partial <input type="checkbox"/> Theft - Total <input type="checkbox"/> Total Loss Accident <input type="checkbox"/> Third Party Property Damage <input type="checkbox"/> Third Party Bodily Injury		
Anybody Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Lodged?	<input type="checkbox"/> Yes (Report No.: _____) <input type="checkbox"/> No
Description of Loss/ Accident <i>*If space is insufficient, please give details in a separate paper.</i>			

* If accident involves Bodily Injury or Third Party Property Damage, please complete the Annexure 1.

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

[Declaration] I/We hereby declare that the below statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Authorization] I/We hereby authorize any hospital physician or other person who has attended or examined to the Insured, to furnish PT ASURANSI AXA INDONESIA or its authorized any representative, and all information with respect to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical record. A copy of this authorization shall be considered as effective and valid as the original.

[Customer's Data Privacy Consent] I/We hereby authorize PT Asuransi AXA Indonesia to use my/our personal data and information (such as name, address, phone number, etc.) as stated in this form or in other means, including other parties which have an agreement relationship with PT Asuransi AXA Indonesia and/or its affiliates, in relation to any activities related to the policy issued under this form.

Date: _____

Signature of Insured/ Claimant: _____

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Damage	Documents Required (Please tick against the documents you have submitted.)
Basic for all types	<input type="checkbox"/> Completed Claim Form - <i>with company chop for corporate client</i> <input type="checkbox"/> Copy of Insured's Identity Card for individual client if the Insured is not the driver <input type="checkbox"/> Copy of Driver's Driving License <input type="checkbox"/> Copy of Vehicle Registration Number
(plus) as applicable below:	
Own Damage	<input type="checkbox"/> Invoice from registered hospital – <i>if any bodily injury to driver/passenger</i>
Theft - Partial	<input type="checkbox"/> Police Report
Theft - Total	<input type="checkbox"/> Police report <input type="checkbox"/> Signed Claim Discharge document <input type="checkbox"/> Triplicate blank receipts signed by the insured <input type="checkbox"/> Original Certificate of ownership of motor vehicle <input type="checkbox"/> Original of vehicle registration number <input type="checkbox"/> Original invoice of the motor vehicle purchase (Faktur) <input type="checkbox"/> Vehicle Key(s) <input type="checkbox"/> Blocking Letter for Vehicle Registration Number from KADITLANTAS <input type="checkbox"/> Reference Letter from KADITSERSE POLDA <input type="checkbox"/> Book of Periodical Vehicle Inspection <i>for Commercial Purposes vehicle</i>
Total Loss Accident	All documents required for Theft-Total other than: <input type="checkbox"/> Blocking Letter for Certificate of Vehicle Registration Number from KADITLANTAS <input type="checkbox"/> Reference Letter from KADITSERSE POLDA
Third Party Property Damage	<input type="checkbox"/> Annexure 1: Bodily injury or Third party property damage Questionnaire <input type="checkbox"/> Police Report <input type="checkbox"/> Claim Letter from Third Party to the Insured <input type="checkbox"/> Quotation from contractor – <i>for damage on property</i> <input type="checkbox"/> Quotation from repairer – <i>for damage on vehicle</i> <input type="checkbox"/> Invoice from repairer <input type="checkbox"/> Any correspondences with Third Party Vehicle/ Property Owner
Third Party Bodily Injury	<input type="checkbox"/> Annexure 1: Bodily injury or Third party property damage Questionnaire <input type="checkbox"/> Police Report <input type="checkbox"/> Claim Letter from Third Party to the Insured <input type="checkbox"/> Invoice from hospital <input type="checkbox"/> Certificate of death - <i>for TP death</i> <input type="checkbox"/> Any correspondences with Third Party Injured Person(s)

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through SMS or Email. If you have any query on your claim, please reach us on:



1500 733



customer@axa-insurance.co.id

AXA is committed to making your motor insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.



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Annexure 1

BODILY INJURY OR THIRD PARTY PROPERTY DAMAGE QUESTIONNAIRE

Please complete this form and submit with the claim form. Thank you.

Policy No.

A. BODILY INJURY

Person Injured		Description of Injury	Hospital Name <i>if hospitalized</i>
Name	Contact No.		

B. THIRD PARTY PROPERTY DAMAGE

Property Owner		Damaged Property Details <i>* For motor vehicle please provide Vehicle Make and No.</i>	Description of Damage
Name	Contact No.		
			Estimated Loss: IDR _____

**If space is insufficient, please give details in a separate paper.*

C. DECLARATION, AUTHORIZATION AND CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We hereby declare that the below statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

[Authorization] I/We hereby authorize any hospital physician or other person who has attended or examined to the Insured, to furnish PT ASURANSI AXA INDONESIA or its authorized any representative, and all information with respect to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical record. A copy of this authorization shall be considered as effective and valid as the original.

[Customer's Data Privacy Consent] I/We hereby authorize PT Asuransi AXA Indonesia to use my/our personal data and information (such as name, address, phone number, etc.) as stated in this form or in other means, including other parties which have an agreement relationship with PT Asuransi AXA Indonesia and/or its affiliates, in relation to any activities related to the policy issued under this form.

Date: _____

Signature of Insured: _____