

Policy No.

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

A. INSURED DETAILS

Full Name			
Home Telephone Number/ Mobile Number		Email	
Plan of SmartHome Policy	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum

B. LOSS/DAMAGE DETAILS

Period of Insurance	From DD MM YYYY To DD MM YYYY	Address	
Date and Time of Loss/ Accident	Date DD MM YYYY Time HH MM (AM/PM)	Location of Loss	
Type of Loss/ Accident	<input type="checkbox"/> Section 1 - Building <input type="checkbox"/> Section 2 - Contents <input type="checkbox"/> Section 3 - Articles Outside the Premises <input type="checkbox"/> Section 4 - Personal Liability <input type="checkbox"/> Section 5 - Funeral Expenses <input type="checkbox"/> Section 6 - Loss of Document <input type="checkbox"/> Section 7 - Loss of cash & Credit Card		
Details of property lost or damaged (damaged articles, date & place of purchase, purchase amount)			Total amount claimed in original currency
How the loss or damage occurred (please fully explain)			
Do you have other insurance covering this loss? If yes, please provide		Insurance Company :	
		Policy No. :	

C. BANK ACCOUNT DETAILS

Please provide your bank details for us to accelerate your claims payment by direct transfer to your account after claim approval.

Name (as per bank account)		Name of Bank	
Account No.		Bank Branch	

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 medial 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: ____ DD MM YYYY ____

Signature of Insured: _____

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

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

No.	Type of Loss/ Accident	Documents Required (Please tick against the documents you have submitted.)
1	Basic for all types	<input type="checkbox"/> Original of Smarthome Claim Form <input type="checkbox"/> Copy of Smarthome Policy <input type="checkbox"/> Chronology of incident
(plus) as applicable below		
2	Fire	<input type="checkbox"/> Photos showing the damaged property and or building <input type="checkbox"/> Original police report (if necessary) <input type="checkbox"/> Quotation from contractor or repairer <input type="checkbox"/> Copy of lay out and construction drawing including material specification and dimension <input type="checkbox"/> Copy of purchase invoice(s) of damaged content
3	Natural Perils (TSFWD, Earthquake)	<input type="checkbox"/> Original BMKG report <input type="checkbox"/> Photos showing the damaged property and or building <input type="checkbox"/> Quotation from contractor or repairer <input type="checkbox"/> Copy of lay out and construction drawing including material specification and dimension <input type="checkbox"/> Quotation from repairer to repair or replace (in relation to damage to content) <input type="checkbox"/> Copy of purchase invoice(s) of damaged content
4	RSMD /RSCC	<input type="checkbox"/> Photos showing the damaged property and or building <input type="checkbox"/> Original police report <input type="checkbox"/> Quotation from contractor or repairer <input type="checkbox"/> Copy of lay out and construction drawing including material specification and dimension <input type="checkbox"/> Copy of purchase invoice(s) of damaged content
4	Accidental damage (Theft or Burglary)	<input type="checkbox"/> Photos showing the damaged building <input type="checkbox"/> Original police report <input type="checkbox"/> Quotation from contractor or repairer <input type="checkbox"/> Copy of lay out and construction drawing including material specification and dimension <input type="checkbox"/> List of asset or inventory <input type="checkbox"/> Copy of purchase invoice(s) of damaged content
5	Liability	<input type="checkbox"/> Photos showing the property damaged and or bodily injury of third party <input type="checkbox"/> Original police report (if necessary) <input type="checkbox"/> Claim letter from Third Party including copy of ID card <input type="checkbox"/> Declaration letter from third party that no other Insurance company guarantee <input type="checkbox"/> Medical resume and diagnose from doctor/ hospital <input type="checkbox"/> Original invoice of medical expenses from third party <input type="checkbox"/> Quotation from repairer to repair or replace the damaged property along with the copy of invoices

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through 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 travel insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.