



Kindly complete this form and return it ASAP to:  
 AXA Assistance  
 Service Remboursement Assistance  
 166, Avenue Louise -B.P.1  
 B-1050 Bruxelles  
 Tél : 0032-2 550 05 41

## Travel Insurance claim Accident – Illness / LUXAIR Airline

A complete report facilitates the processing of your claim!

### Purpose of the claim:

- Hospital costs
- Costs for travel prolongation
- Doctors' or surgeons' fees
- Medication prescribed by a doctor
- Transport prescribed by a doctor

LUXAIR reservation n°: .....  
 Contract n° : 27/0105912- TRAVEL PACKAGE

### 1. Policy holder

Surname .....  
 First name: .....  
 Date of birth: ..... / ..... / .....  
 Address : .....  
 Mobile Phone n° : .....  
 Email : .....  
 Profession : .....  
 Office tel.: .....

### 2. Reimbursement by bank transfer

Bank: .....  
 IBAN account No: .....  
 BIC : .....  
 Account holder:  
 Signature of beneficiary: .....

- Correspondence** : Please send all correspondence to the above mentioned Email address

### 3. Travel Information

Destination: ..... Date of departure: ..... / ..... / .....  
 Date of reservation: / ..... / ..... Date of return: ..... / ..... / .....

### 4. Claim

Place, where disease or accident has occurred  
 Date when disease or accident has occurred or was noticed: ..... / ..... / .....  
 Details concerning disease or accident : .....  
 .....  
 .....

### 5. Health Insurance

and/or any other health or rescue institution (e.g. Air Rescue, Caisse Médico Chirurgicale Mutualiste, credit cards etc.)  
 and / or other insurance companies with a "accident / health" policy

Full name: .....  
 Address : .....  
 Member n° /Credit card n° /Policy n° : .....  
 Name: .....  
 Address : .....  
 Member n° /Credit card n° /Policy n° : .....

## 6. Detailed description of medical fees:

N°	Provider	Date		Amount invoiced	Tariff of health insurance / insurance company	Amount to be paid by affiliated or insured person
		from	until			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
				<b>Total</b>		

Please submit the following documents with your claim:

- original counts of the health insurance (or complementary health insurance)
- copies of the invoices with payment confirmation
- copies of the medical prescriptions
- report established by local authorities (only in case of accident)
- copies of electronic tickets

Please keep a copy of all sent documents.

I hereby declare that all answers given regarding the claim are true. Any intentional omission or misstatement could void AXA Assurances Luxembourg of its obligations.

Signed in \_\_\_\_\_, on \_\_\_\_\_

**Signature of claimant  
preceded by "read and approved"**