



Claim Inquiry Form

(Effective Nov 2019)

If you would like us to contact you in relation to a previously reported claim or a general claim inquiry, please complete and email or mail this form as directed on our website, based on your region/country.

Claim Inquiry			
Your Name:			
Your Company (if applicable):			
Your Role in Relation to the Claim:			
□Insured/Policyholder	■Medical Provider		
□Insured Agent/Broker	□Independent Adjuster/TPA		
□ Claimant	□Insurance Company		
□Claimant Agent/Broker	□Other:		
□Lawyer			
Telephone Number (including country and area code):			
Email address:			
Claim Number (if applicable):			
Policy Number (if applicable):			
How can we help?			
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Your Location (This will help us direct your inqui			
■North America	Country:		
■EMEA (Europe, Middle East, Africa)			
■South America/Central America			
□United Kingdom			
■Asia Pacific			



Please send completed form and any related correspondence to the email address noted below based on your region/country.

Region / Country	Email Address	Region / Country	Email Address
North America / All	WEBFNOL.NA@axaxl.com	UK / All (Motor Claims)	NEWCLAIMS@axaxl.com
EMEA / France	WEBFNOL.EMEA.FRANCE@axaxl.com	UK / All (Non-motor Claims)	WEBFNOL.UK@axaxl.com
EMEA / Germany	WEBFNOL.EMEA.GERMANY@axaxl.com	South / Central America / All	WEBFNOL.EMEA@axaxl.com
EMEA / Italy	WEBFNOL.EMEA.ITALY@axaxl.com	APAC / All	WEBFNOL.APAC@axaxl.com
EMEA / All Other	WEBFNOL.EMEA@axaxl.com		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report shall be subject to criminal and civil penalty.