Mail Print Reset

Record of corporate customer time

Name / policyholder:
Phone:
Email:
Postcode, place:

Daily report for:
Claim no.
Loss event of:

(please complete a report for each day)

Office Property Insurance Claims
Phone 0800 809 809 or
direct number of the person
responsible for you
Email schaden@axa.ch

Name	Activity	Business interruption	Building(s)		Goods and installations		Total	Of which overtime (in hours)
		Loss minimization	Cleaning, repair	Clearance, disposal	Cleaning, repair	Clearance, disposal		

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Please send the completed list to schaden@axa.ch. Many thanks!

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