

Notice of Claim – A D & D Coverage



Please answer all questions fully – it helps us to provide better service.

This form can be completed in ink (please print) and then returned to **AXA Assurances Inc.** at any of the following addresses:

~~1075 Bay Street
Toronto ON M5S 2W5
Fax: (416) 928-0998~~

~~2020 University Street, Suite 700
Montréal, Québec H3A 2A5
Fax: (514) 842-3189~~

220 - 12th Avenue S.W., suite 600
Calgary (Alberta) T2R 0E9
Fax: (403) 261-3101

Early filing of the Notice of Claim will help to expedite the claims process.

Policy Number _____ Date notice reported to AXA Assurances Inc. D M Y _____

Employer/Policyholder _____

Address _____

Employee/Member _____ Date of Birth D M Y _____

Home Address _____

Occupation _____ Class/Division _____

Name of person reporting loss _____

Relationship to Employee/Member:
 Employer/Policyholder Broker Insured Beneficiary Other _____

E-Mail Address _____ Telephone No. () _____

Injured/Deceased Insured _____ Date of Birth D M Y _____

Relationship to Employee/Member _____

Home Address (if different from Employee/Member) _____

Date of Accident D M Y _____ Place of Accident _____

Date of Loss/Death D M Y _____

Nature of Loss (Life, Paralysis, Loss of Use of One Arm, etc.) _____

Circumstances of Accident _____

Amount of Principal Sum \$ _____ Beneficiary _____

In the event of death of Employee/Member, please advise if he/she left:
Spouse: Yes No Unknown Dependent Child(ren): Yes No Unknown If "Yes"

Name of spouse _____ Date of Birth D M Y _____

Name of child(ren) _____ Date of Birth D M Y _____

(if space is insufficient, please use a separate sheet of paper)

Send claim forms to the attention of _____

Email Address _____

Company Name (if applicable) _____

Address _____