

## Record of private customer time

Claim no.  
 Loss event of:  
 Policyholder:  
 Name/company:  
 Postcode, place:

Office Property Insurance Claims  
 Phone 0800 809 809 or direct number  
 of the person  
 responsible for you  
 Email [schaden@axa.ch](mailto:schaden@axa.ch)

Date	Name	Work carried out	No. hours for	
			movable property	building(s)