



## home

204A, Old Bakery Street, Valletta VLT 1453 Malta

## **IMPORTANT NOTE**

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Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

## ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

Claim no.		Policy no.				
Intermediary/agent						
1. INSURED AND LOSS DETAILS						
Title	Name and Surname of policyholder					
Address						
Address at which damage o	r loss occurred					
I.D. card no.		Passport no.				
Tel/Mob. no.		E-mail address				
Business or occupation						
VAT reg. no.		Date and time of loss/damage				
Status of claimant Single Married Separated Divorced						
Describe in detail how the loss or damage occurred						
Were the premises occupied		Yes No				
If "NOT", when were they last occupied?						
Are you the sole owner of the lost/damaged buildings or contents? Yes No						
If "NOT", please state the names of other interested parties						

Are there any other insurances covering the property which has been lost or damaged?			No		
If "YES", provide details					
Have you previously suffered loss or damage from a similar cause?			No		
If "YES", provide details					
Where applicable, was the loss, damage or theft reported to the police?			No		
At which police station?					
Date	Time				
If applicable, please provide name and address of person(s) responsible for loss or damage					

## 2. STATEMENT OF CLAIM

Description of lost, stolen or damaged property (including make and model)	Date of purchase	Original purchase price in EURO	Replacement cost in EURO (attach estimates)	Repair cost in EURO (attach estimates)	NET AMOUNT CLAIMED IN EURO
TOTAL AMOUNT CL					

I/We declare that the above statements are true, correct and to the best of my/our knowledge and belief.

Insured's	Date
signature/s	

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