



Laferla Insurance Agency Ltd.

204A, Vincenti Buildings, Old Bakery Street, Valletta VLT1453. Malta.

Postal Address: P.O. BOX 347, Valletta VLT1000.

Telephone: (+356) 21240828

E-Mail: general@laferla.com.mt

Website: www.laferla.com.mt

Pet INSURANCE CLAIM FORM

IMPORTANT NOTE

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.

Please attach original deposit receipts, invoices and/or proof of purchase as well as other relevant documentation.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

GENERAL SECTION

Name and Surname of policyholder(s)

Name and Surname of claimant(s) (If not the same as above)

Address

I.D Card No.

E-mail

Telephone no.

Mobile no.

VAT Registration No.

VAT Status

Policy no.

Business/Occupation

Are you insured by any other policy in respect of this claim? Yes No

If YES, please give name and address of Insurers and Policy Number

Animal Reference/Microchip/Name

Agreed Value

SECTION 1: ACCIDENT, DEATH AND VETERINARY FEES ARISING FROM ACCIDENT ONLY

For claims arising from an accidental nature, the Insured shall proceed to the veterinarian nearest to the place of the occurrence and be obliged to obtain a veterinary report stating at least the following:

- Date and time of entry into the clinic
- Description of the animal treated
- Date and type of accident/death suffered
- State of the animal upon arrival at the clinic
- Report of circumstances and tests/treatments conducted
- State amounts claimed and attach receipts of the treatment given.

In case of accident that does not cause the animal's death nor make it necessary for it to be put down, the veterinarian attending it should issue a written report addressed to us, setting out the diagnosis, treatment, residual sequelae or permanent sequelae that the animal may have after treatment.

SECTION 2: VETERINARY FEES ARISING FROM SICKNESS AND ILLNESS

Date of sickness/illness	Age of pet
Attach full medical record of pet: previous surgeries/good health status.	
Attach proof of vaccination taken prior to sickness/illness	
Vet Report of circumstances and tests/treatment conducted	

SECTION 3: THEFT AND STRAYING

Date of loss	State amounts claimed
Attach police/relevant authorities' Report	

SECTION 4: PUTTING DOWN/DISPOSAL OF CARCASS DUE TO OLD AGE AND SICKNESS

Date and time of entry in the clinic	Description of animal treated
Grounds giving rise to the animal being put down	
State amounts claimed and attach receipts	
Attach Vet report	

SECTION 5: PET'S STAY AT KENNEL/CATTERY

Date and length of owner's hospitalisation	State amounts claimed and attach receipts
Attach admittance and discharge note of hospital	

SECTION 6: LEGAL EXPENSES

If a claim has been lodged against you, state whether it is

- Judicial
- Administrative
- Arbitral intervention
- Provision of legal aid

State other relevant details.

State amounts claimed and attach receipts.

SECTION 7: LEGAL LIABILITY TO OTHERS

If a claim has been lodged against you, state,

Date and place of incident	Details of incident
Witnesses	Liability limit chosen in Proposal Form
Defence costs/legal expenses	
State amounts claimed and attach receipts.	

SECTION 8: TRAVEL INSURANCE

Date and place of incident	Country visited
Travel details	
State amounts claimed and attach receipts.	
Attach veterinary report on emergency treatment required.	

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Middlesea Insurance p.l.c.

Signature of claimant

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant

Date