

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on/in this form for all or any of the following purposes:

1. the proper performance of your contract of insurance, particularly the settling of claims or paying other benefits pursuant to your contract of insurance;
2. underwriting of subsequent insurance proposal forms which you may lodge with the Company;
3. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
4. establishing, exercising or defending any legal action;
5. internal management, research and statistics, systems administration and the development and improvement of our products and services;
6. the protection and promotion of our legitimate interests and the proper conduct of our business;
7. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and sub-agents or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and sub-agents, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in Point 7.

Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of Point 7.

Every field on the form is mandatory. Should any field be inapplicable to your particular circumstances please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

DECLARATION

1. I/We, the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. I/We claim the above amount in respect of the items mentioned.

I do not consent to direct marketing

I/ We have read and agreed to the Data Protection Notice, the Declaration, and any other information relating to my/ our rights.

Signature(s):

Date:

FOR OFFICE USE ONLY

Claim Number:

Intermediary:

HOME INSURANCE CLAIM FORM

Citadel Insurance p.l.c.
Casa Borgo • 26 Market Street • Floriana • Malta
Tel: 2557 9000 • Fax: 2557 9550
Email: info@citadelplc.com • www.citadeldirect.com
Branches: Ġzira • Naxxar • Paola • Haż-Żebbuġ

8791 1206


Citadel
insurance

Citadel Insurance p.l.c. is authorised to carry on business of insurance and to provide investment services and is regulated by the MFSA.

HOME INSURANCE CLAIM FORM

GUIDANCE NOTES

- 1) Before completing this form you should read it all through carefully.
- 2) When completing the form please write clearly and neatly and complete all relevant sections.
- 3) Please attach any documents and/or supply any available information to support your claim.
- 4) You must immediately inform the police authorities if the claim you are making relates to loss of an item outside the home, malicious damage, theft or attempted theft.
- 5) Please DO NOT dispose of any damaged property until we have been given the opportunity to inspect it.
- 6) Once the form is completed please sign the declaration at the end and keep a copy for your own records.
- 7) Send the form to us at Citadel Insurance p.l.c., 'Casa Borgo', 26, Market Street, Floriana, VLT 15, Malta.
- 8) When we have been told of your claim we will investigate it fully and may ask you for additional information.
- 9) The claim will be dealt with promptly and fairly.
- 10) Should you have any further questions please do not hesitate to contact us. - We have arranged a freephone service for your convenience: 800 72322

POLICYHOLDER(S)

Name:		Policy number:	
Postal address:			
Date of birth:	Telephone:	Mobile:	E-Mail:
I.D. card number or passport number:	Issued at:	Date of issue:	
Occupation:			

CIRCUMSTANCES OF LOSS

Date of loss:	Time of loss:	am / pm
Address where the loss or damage occurred:		
Please explain in detail how the loss or damage occurred:		
When was the loss or damage discovered and by whom?		
Was the home occupied at the time of the loss? If Not, then please advice when the home was last occupied and by whom.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a burglar alarm installed at your home? If Yes, then please advice whether the alarm was activated during the course of the loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you notify the police authorities and registered a report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, then please state when and where was the report filed? Station:

Date / Time:

What security precautions have been taken to prevent a further loss?

PROPERTY

Are you the sole owner of the property stolen or damaged?

Yes

No

If Not, please state the name(s) of any other interested parties and the nature of their interest.

What is your estimate of the total value of the contents in your home at the time of loss? Lm / €

Are you responsible for repairs to the home?

Yes

No

Are there any other insurances covering the loss?

Yes

No

If Yes, please give details:

Have you sustained a loss or made a claim against any insurer in the past five years?

Yes

No

If Yes, please give details:

DETAILS OF CLAIM

PLEASE SUPPLY A MINIMUM OF TWO ESTIMATES FOR THE REPAIRS / REPLACEMENT OF ITEMS WHICH ARE BEING CLAIMED BELOW.

Quotations are attached

Yes

No

If you are still waiting for estimates of repairs and / or replacement, please ensure that they reach our offices as soon as possible in order that we may settle your claim more quickly.

BUILDINGS SECTION

Have any repairs been commenced?

Yes

No

Description of damages	Name of repairer	Estimate cost of repairs Lm / €	Amount Being Claimed Lm / €

Total

Lm / €

