



# Middlesea Insurance p.l.c.

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## Personal Accident/ Medical Expenses

### 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 of the information you supply in this form and in the claim form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations. All questions must be answered fully. Ticks and dashes are not sufficient.

Name (in full)	<input type="text"/>		
Address:	<input type="text"/>		
I.D. Card No.	<input type="text"/>	Tel. No.	<input type="text"/>
Business or Occupation	<input type="text"/>	Date of birth	<input type="text"/>

### 1 Description of incident

  
  

### 2 Date of incident .....

Time .....

### 3 Nature of injury/ illness

### 4 Name and address of doctor who attended

### 5 Has a similar injury / illness been sustained before? If so when?

### 6 Name and address of usual Doctor

### 7 During what period was the person totally disabled from attending to any art of his occupation / profession?

From  To

### 8 If total disablement continues, the attached certificate is to be completed by the injured person's Doctor.

### 9 Kindly sign the declaration of this overleaf. (PLEASE NOTE THAT THE DECLARATION WAS NOT GIVEN TO US)

Signature .....