



Middlesea Insurance p.l.c.

Middle Sea House, Floriana, Malta - Postal Address: P.O. Box 337 Marsa, GPO 01, Malta
Tel: 21 246262 - Fax: 21 248195 - E-mail: middlesea@middlesea.com - Website: <http://www.middlesea.com>

PROPERTY 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 of 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.

The issuing of this Form is not an admission of liability by the Company.
All questions must be fully answered.

A. POLICYHOLDER

Name	<input type="text"/>	I.D. Card No.	<input type="text"/>
Address	<input type="text"/>	Policy Number	<input type="text"/>
		Telephone Number	<input type="text"/>
		E-mail Address	<input type="text"/>
		Business/Occupation	<input type="text"/>
		VAT Number	<input type="text"/>
Name of any other interested Party	<input type="text"/>		

B. OCCURRENCE

Date and time the damage occurred	<input type="text"/>	Describe in detail the nature of the damage/loss and how it was caused
Address at which the damage/loss occurred	<input type="text"/>	<input type="text"/>
Describe the occupancy of the premises at that address	<input type="text"/>	

C. BUILDINGS DAMAGE CLAIM

1 a) Tick if building owned

by you or rented

b) If rented are you responsible for repairs under terms of the lease?

yes no

c) Please state:

Name of building insurers

Policy Number

d) What is the estimated total rebuilding cost of the structure of the premises at the time of loss? Lm

D. CONTENTS DAMAGE/LOSS CLAIM

1 a) Are you the owner of the damaged/lost goods?

yes no

b) If no state name or address of owner and why goods are in your possession

c) What is the estimated total value of the contents of the premises at the time of loss? Lm

E. a) Where applicable, was the damage/loss reported to the police?

yes no

b) If yes, please state which Police Station reported and when

Police Station

Date

F. Are there any other insurances in your name or the name of any other person covering the buildings or contents?

yes no

If yes please state:

a) Name and address of insurers

b) Policy Number

c) Type of cover

d) Sum insured Lm

G. DECLARATION

I/We declare that all the particulars given are true and complete and claim the sum of Lm in accordance with the statement of claim.

Signature

Date

