



Middlesea Insurance p.l.c.

Middle Sea House, Floriana VLT 16, Malta. Tel: 21 246262 - Fax: 21 248195
E-mail: middlesea@middlesea.com Website: <http://www.middlesea.com>

TRAVEL 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 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.

Please answer every question fully.

Policyholder name	<input type="text"/>	Policy No.	<input type="text"/>
Claimant's name	<input type="text"/>		
Address:	<input type="text"/>		
Tel. No.:	<input type="text"/>	Age	<input type="text"/>
		Business or Occupation	<input type="text"/>

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

Please complete section 1 or 2 as appropriate

SECTION 1 - PERSONAL ACCIDENT

Accident - Date Time Place

Give full description of the circumstances and details of the injury

Has claimant been totally disabled as a result of this accident? YES NO

When did total disablement start?

Is claimant still totally disabled? YES NO

When does claimant expect to resume part, if not all, normal business?

Please complete the Medical Information section overleaf.

SECTION 2 - Medical and Incidental Expenses

Give details of injury or illness necessitating medical attention, and date of commencement

Please complete the MEDICAL INFORMATION section overleaf.

Detail the expenses incurred. Attach receipts.

SECTION 3 - Cancellation Expenses

- Please give reasons of cancellation.
- Date of cancellation.
- If caused by death, injury or illness complete MEDICAL INFORMATION section below.
- State amounts claimed and attach receipts.
- Are these amounts non - recoverable? (Attach any relevant booking conditions)

MEDICAL INFORMATION (For sections 1,2 and 3 only)

- Name and address of doctor giving initial treatment in respect of this illness or injury
- 1 Has the person concerned ever suffered from this type of illness or injury before? If Yes give details: YES NO
- 2 If not claimant, give name, address and relationship.
- 3 Name and address of usual doctor
- 4 Has he been consulted in respect of this illness or injury? YES NO

SECTION 4 - Baggage and Loss of Money

- Date of loss or damage Time
- Place
- State precise circumstances in which loss or damage occurred
- Name and address of witnesses
- Were the Police notified of loss and/or damage?
If so, when and at which station
- State total value of baggage (including articles worn or carried) and cash of Insured person or party at the time of loss or damage.
 Lm

Description of lost or damaged property	Date of purchase	Cost price (less disc.)	Value at the time of loss after allowing for wear and tear	Net amount claimed

NB. Attach receipts, if available, to this form. If necessary, continue on a separate sheet. Total Lm

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we agree that this proposal shall be the basis of the contract between me/us and the MIDDLESEA INSURANCE PLC. and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

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.

Signature of Policy holder..... Date:.....
Signature of Claimant..... I.D. card number.....