

Home Insurance Claim Form

Scan here to
submit your
claim



IMPORTANT NOTES

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.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

Claim no.:	Policy no.:
Intermediary/agent:	
<p>1. INSURED DETAILS</p> <p>Title:</p> <p>(Sur)name of policyholder:</p> <p>Address:</p> <p>Address at which damage or loss occurred:</p>	
I.D. card no.:	Passport no.:
Tel/Mob. no.:	E-mail:
Business or occupation:	
VAT reg. no.:	Date and time of loss/damage:
<p>Status of claimant:</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Describe in detail how the loss or damage occurred:	
<p>Were the premises occupied at the time of loss or damage? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "NOT", when were they last occupied?</p>	
<p>Are you the sole owner of the lost/damaged buildings or contents? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "NOT", please state the names of other interested parties:</p>	
<p>Are there any other insurances covering the property which has been lost or damaged? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES", provide details:</p>	

Have you previously suffered loss or damage from a similar cause? YES NO

If “YES”, provide details:

Where applicable, was the loss, damage or theft reported to the police? YES | NO

At which police station?

Date: _____ Time: _____

If applicable, please provide name and address of person(s) responsible for loss or damage:

2. STATEMENT OF CLAIM

TOTAL AMOUNT CLAIMED:

PAYMENT DETAILS - Let us know your bank account details for processing of payment

Use the bank details below for this and future claims YES NO

IBAN:

Account Holder Name:

DATA PROTECTION

Mapfre Middlesea p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001. Mapfre Middlesea p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Mapfre Middlesea p.l.c. is compliant with this Act, a copy of which is available on request.

DECLARATION

I/We hereby declare that, after checking all details, the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I understand that in the event of an incomplete and/or non-disclosure of material information, MAPFRE Middlesea p.l.c reserves the right to repudiate the claim. Furthermore, I declare that I have not withheld any information relevant to the claim and assume full responsibility for the statements being made.

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.

Date:

Insured's signature(s):