Mapfre Malta p.l.c.
Middle Sea House, Floriana FRN 1442 Malta

T: (+356) 2124 6262
info@mapfre.mt
Registration Number: C5553

Home Insurance Claim Form

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:	

1. INSURED DETAILS

Title:	
(Sur)name of policyholder:	
Address:	
Address at which damage or loss occurred:	
I.D. card no.:	Passport no.:
Tel/Mob. no.:	E-mail:
Business or occupation:	VAT reg. no.:
Status of claimant: ☐ Single ☐ Married ☐ Separated ☐ Divorced	

2. CLAIM DETAILS

Date and time of loss/damage:
Describe in detail how the loss or damage occurred:
Were the premises occupied at the time of loss or damage? YES ☐ | NO ☐ If "NOT", when were they last occupied?
Are you the sole owner of the lost/damaged buildings or contents? YES ☐ | NO ☐ If "NOT", please state the names of other interested parties:

Are there any other insurances covering the property which has been lost or damaged? YES ☐ | NO ☐

If "YES", provide details:

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:

3. STATEMENT OF CLAIM

Description of lost, stolen or damaged property (including make and model)	Date of purchase	Original purchase price in EURO	Replacement cost in EURO (attach estimates)	Repair cost in EURO (attach estimates)	Net amount claimed in EURO
TOTAL AMOUNT CLAIMED:					

4. 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 ☐

Account Holder Name:

IBAN Number:

Bank Name:

Bank Branch:

BIC/SWIFT Code

PERSONAL DATA PROCESSING

If you would like to know more about how Mapfre Malta p.l.c. processes your personal data, please refer to the following link: www.mapfre.com.mt/privacy-policy/.

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/we understand that in the event of an incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c. reserves the right to repudiate the claim. Furthermore, I/we declare that I/we 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):

Mapfre Malta p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both long term and general business under the Insurance Business Act, Cap. 403 of the Laws of Malta. Mapfre Malta p.l.c. is regulated by the MFSA.