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## 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/PATIENT'S 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.:	Date and time of loss/damage:
Status of claimant: <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:	
Were the premises occupied at the time of loss or damage? YES <input type="checkbox"/>   NO <input type="checkbox"/> If "NOT", when were they last occupied?	
Are you the sole owner of the lost/damaged buildings or contents? YES <input type="checkbox"/>   NO <input type="checkbox"/> 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 <input type="checkbox"/>   NO <input type="checkbox"/> 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:

## 2. 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
<b>TOTAL AMOUNT CLAIMED:</b>					

I/We declare that the above statements are true, correct and to the best of my/our knowledge and belief.

Date:

Insured's signature(s):

## 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.