Mapfre Middlesea p.l.c.
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Registration Number: C5553

Medical Certificate

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 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

INSURED AND LOSS DETAILS

Title:	Name and surname of policy holder:
Address:	
Age last birthday:	Tel/Mob. No.:
I.D. Card no.:	Passport no.:
E-mail address:	
VAT Reg. No.:	Business / Occupation:

To your knowledge, how was the injury caused?

Please describe fully the nature of injuries sustained (indicating whether left or right in the case of an eye or limb)

Are the symptoms which the Insured Person suffers due solely to the injury? YES ☐ | NO ☐

When were you first consulted regarding the injury?

Are you still in attendance? YES ☐ | NO ☐

Are you the usual medical attendant of the injured person? YES ☐ | NO ☐

If so, how long have you known him/her?

Is he/she suffering from any illness or physical defect in addition to the injury? YES ☐ | NO ☐

If so, to what extent will his recovery be delayed?	
Please indicate whether, on your advice, the injured person is, or has been:	
a. Confined to bed	
From:	To:
b. Confined to home	
From:	To:
c. Able to leave home but unable to work	
From:	To:
If the injured person is unable to attend to any part of his occupation please state:	
Date disablement commenced:	
Probable duration:	
If he/she is able to attend to any part of his/her occupation please state:	
Date disablement commenced	
Probable duration:	
The nature of the duties he/she is able to carry out:	
On what date did you certify the injured person as recovered and able to resume his/her occupation?	
Additional Remarks:	

Name of Medical:	Date:
Address:	
Practitioner Signature:	

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing ofany information by the Company or any other members of the Mapfre Middlesea Group of Companies(the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Signature of claimant:

DECLARATION

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

Signature of claimant: