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MIDDLESEA
A MEMBER OF THE **MAPFRE** GROUP

GOODS IN TRANSIT 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 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

1. POLICYHOLDER

Name of policyholder	
Address	
I.D Card No.	E-mail
Telephone no.	Business/Occupation
VAT Registration No.	VAT Status
Policy no.	

2. OCCURENCE

Date and time of loss or damage	Location of loss or damage	
Please describe in detail the circumstances giving rise to the loss or damage:		
Nature of goods Lost or Damaged	Weight	Value

Describe nature of damage

How were the goods packed?

Has the entire package (or packages) been lost?
Yes No

Where may the damage be inspected?

How were the goods despatched? (e.g. own vehicle, haulier etc.)

At whose risk were they carried?

Is there any other insurance covering the loss? If so, please give details of insurer and policy number:

Please state the name and address of any person who caused the loss or damage.

Please give details of the police station/officer to which the incident was reported.

Name:

If no report was made please explain why:

Address:

By who is the person employed?

What conditions of carriage apply? (Please attach copy)

Has a notice been given as required by the conditions of carriage?

If so, when?

And to whom? (Please attach a copy of any written notice)

3. OWNERSHIP OF GOODS

If goods were not your own state:

Name of owner:

Address:

In what circumstances did they come into your custody?

Were they carried by a subcontractor? Yes No

If yes, do you deduct from his/her account a charge for insurance? Yes No

<p>Please state from whom goods were collected and when.</p> <p>Name</p> <p>Address</p> <p>Date</p>	<p>Was clean signature given? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, state remarks:</p>
<p>Please state to whom goods were delivered and when.</p> <p>Name</p> <p>Address</p> <p>Date</p>	<p>Was clean signature given by them? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, state remarks:</p>
<p>If collected from docks or warehouse explain ship state if known.</p> <p>Name of Vessel:</p> <p>Date landed from ship:</p>	

4. CARRIAGE BY OWN VEHICLE

If goods were carried by your own vehicle please state:

Make of vehicle: Reg. Marks:

Carrying Capacity:

If the loss or damage occurred while your vehicle was parked overnight, was it parked in a securely locked garage built of stone with a hard roof? Yes No

If no, please state exactly what measures were taken to secure the vehicle:

Please state name, age and length of service of each member of the vehicle’s crew:

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 of any information by the Company or any other members of the 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 Middlesea Insurance 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

Date