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MIDDLESEA
A MEMBER OF THE **MAPFRE** GROUP

NOTIFICATION OF LOSS OR DAMAGE FOR MACHINERY INSURANCE

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

Claim No.	Policy No.
Name(s) of insured	
Address of insured	
I.D Card No.	E-mail
Telephone no.	Mobile no.
Business/Occupation	Name of chief engineer or plant manager
VAT Registration No.	VAT Status
Address of Plant	
Age of Plant	

When did the loss or damage occur? Time _____ Date _____

When was notice given to the insurer? _____

To whom? _____ By whom? _____

Are there any witnesses? Yes No

If so, please give names, professions and addresses

Which item was damaged? (Note: If more than one item is affected, please complete one form per item)

Item No. in Specification of Policy Schedule

Sum Insured

Name of Manufacturer and Type of Machine

Year of Manufacture

Serial Number

Please give full details as on manufacturer's plate

Description of damaged item (capacity, rpm, weight etc.)

Had the manufacturer's guarantee period for the damaged item expired? Yes No

If so, when?

Which parts were damaged

How did the damage occur and what was its probable cause? Please attach sketches, photos etc.

Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes No

If so, please give details

Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? Yes No

If so, please give details:

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period

What are the estimated repair costs? (Please enclose copy/ies of repair estimate(s), which should show a breakdown into material costs, labour charges-including man-hours worked- and freight charges.)

Was any third party surrounding property damaged? Yes No

If so, please give details:

Remarks:

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