

THEFT / LOSS OF MONEY 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. INSURED/OWNER

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

2. OCCURENCE

Date and Time theft / loss was discovered:	When is theft believed to have taken place?
Address of premise at which theft / loss occurred:	In what manner are those premises occupied by you?
Please describe fully the manner by which entry was gained to the premises and circumstances of the theft / loss:	From where exactly in the premises was the money stolen? (Please state if safe, cash drawer, cash box etc. as well as location)

If the money was taken from a safe place, state:

Was safe locked? Yes No

If yes, please describe the manner in which the safe was entered:

If no, please explain why

Make and Model of the safe:

Names and employment positions of all persons holding keys to the safe:

Do you suspect any of your employees being involved in the theft / loss? Yes No

If yes, please give their full names and addresses:

Please state when and to which police station the theft / loss was reported:

3. LOSS

Please indicate the total amount of money stolen:

Bank notes: € _____

Coins: € _____

Crossed cheques: € _____

Open cheques: € _____

Foreign currency: _____

Travellers cheques: _____

Please describe how you have been able to calculate the amount of the loss: (any till rolls, or other records of takings should be enclosed if possible:

If the stolen money was made up of your business takings please state the business period to which they relate:

If other than business takings, please specify the nature of the stolen money:

Have arrangements been made to stop payment of cheques and obtain replacement of the original drawers?

Yes No

If not, please explain why:

Please state:

Total amount of money on the premises at the time of theft/loss: € _____

Of this amount how much was in a locked safe/strongroom: € _____

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