

THEFT 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. PREMISES

Address of the premises at which the theft was committed			
State in detail how the premises are occupied:			
Are you the owner of the premise? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you the tenant of the premise? Yes <input type="checkbox"/> No <input type="checkbox"/>	If the tenant are you responsible for repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is any part of the premises lent let or sub-let? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. OCCURRENCE

Date and time of theft	
Exactly how were the premises entered?	From where in the premises was property taken?
Were the premises occupied on the date of the theft? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date and time theft was reported to police
If so, state the date in time they were last occupied?	Which police station? Name of investigating officer:
Has any arrest been made? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, state name and address of thief (if known)	

4. DETAILS OF PROPERTY STOLEN

Are you the sole owner of all property stolen or damaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give details of ownership	
Give details of any previous thefts or attempted thefts (including dates and values stolen)	
What is the estimated value of the total contents of the premises at the time of loss? € _____	
Is the stolen/damaged property insured under any other policy by you or anyone else? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state: Name of Policyholder: _____ Name of Insurer: _____ Policy Number: _____ Sum insured: € _____

LIST OF ARTICLES STOLEN OR DAMAGED Please give full detail and attach purchase receipts (if available)	DATE OF PURCHASE OR ACQUISITION	ORIGINAL COST	REPLACEMENT COST	DEDUCTION FOR DEPRECIATION / WEAR AND TEAR	DEDUCT VALUE OF SALVAGE €	AMOUNT CLAIMED €
TOTAL €						

PARTICULARS OF PROPERTY DAMAGED BY THIEVES. THE COST OF REPAIRS WHERE PRACTICABLE SHOULD BE STATED & REPAIR ESTIMATES ENCLOSED	€
TOTAL €	

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