

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.
Intermediary/agent	

1. INSURED AND LOSS DETAILS

Title	Name and Surname of policyholder		
Address			
Address at which damage or loss occurred			
I.D. card no.	Passport no.		
Tel/Mob. no.	E-mail address		
Business or occupation			
VAT reg. no.	Date and time of loss/damage		
Status of claimant	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Describe in detail how the loss or damage occurred			
Were the premises occupied at the time of loss or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "NOT", when were they last occupied?			
Are you the sole owner of the lost/damaged buildings or contents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "NOT", please state the names of other interested parties			

Are there any other insurances covering the property which has been lost or damaged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", provide details			
Have you previously suffered loss or damage from a similar cause?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", provide details			
Where applicable, was the loss, damage or theft reported to the police?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
At which police station?			
Date		Time	
If applicable, please provide name and address of person(s) responsible for loss or damage			

2. STATEMENT OF CLAIM

Description of lost, stolen or damaged property (including make and model)	Date of purchase	Original purchase price in EURO	Replacement cost in EURO (attach estimates)	Repair cost in EURO (attach estimates)	NET AMOUNT CLAIMED IN EURO
TOTAL AMOUNT CLAIMED					

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

Insured's signature/s	Date
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3. Data Protection

Mapfre Middlesea p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001. Mapfre Middlesea p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Mapfre Middlesea p.l.c. is compliant with this Act, a copy of which is available on request.