



**LAFERLA**

INSURANCE AGENCY LIMITED

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**MIDDLESEA**

A MEMBER OF THE **MAPFRE** GROUP

# property INSURANCE 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

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?  Yes  No

If "YES", provide details

Have you previously suffered loss or damage from a similar cause?  Yes  No

If "YES", provide details

Where applicable, was the loss, damage or theft reported to the police?  Yes  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
<b>TOTAL AMOUNT CLAIMED</b>					

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