



LAFERLA

INSURANCE AGENCY LIMITED

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MIDDLESEA
A MEMBER OF THE  MAPFRE GROUP

home

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	

