



Middlesea Insurance p.l.c.

Middle Sea House, Floriana, Malta - Postal Address: P.O. Box 337 Marsa, GPO 01, Malta
Tel: 21 246262 - Fax: 21 248195 - E-mail: middlesea@middlesea.com - Website: <http://www.middlesea.com>

PLATE GLASS CLAIM FORM

The issuing of this Form is not an admission of liability by the Company. All questions must be fully answered.

A. POLICY HOLDER

- Name _____
- Address _____

- I.D. Card No. _____
- Business/Occupation _____
- Telephone Number _____
- Telefax Number _____
- VAT Registration No. _____
- VAT Status _____
- Policy Number _____

B. OCCURRENCE

- Time and Date _____
- Please describe fully the cause of damage:

- Have the police been informed? Yes No
If yes please state which police station and on what date

- Has any arrest been made? Yes No
If yes state name and address of offender (if known)

- Where appropriate state name and address of person causing the damage and indicate whether or not that person is employed by you _____

C. DETAILS OF DAMAGE

- Address at which breakage occurred _____
- How are those premises occupied? _____
- Description and position of the broken glass in the building _____

- Dimensions of the glass to be replaced _____ cm Height _____ cm Width
- Item number of broken glass in schedule _____
- Have arrangements been made for replacement? Yes No
- If so give name and address of glazier _____
_____ (A written repair estimate should be provided)

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 of 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.

D. DECLARATION

I/We declare that all the particulars given are true and complete and that there is no other insurance in force covering the damage claimed.

SIGNATURE _____ DATE _____