



Middlesea Insurance p.l.c.

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THEFT CLAIM FORM

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

A. POLICYHOLDER

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

B. PREMISES

- Address of the premises at which the theft was committed _____
- State in detail how the premises are occupied _____
- Are you the owner? Yes No
Tenant of the premises? Yes No
- If the tenant, are you responsible for repairs? Yes No
- Is any part of the premises lent let or sub let? Yes No

C. 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 No
If so state date and time they were last occupied _____
- Date and time theft was reported to police _____
- Which police station _____
- Name of investigating officer _____
- Has any arrest been made? Yes No
- If yes state name and address of thief (if known) _____

D. DETAILS OF PROPERTY STOLEN

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

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and or 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.

E. DECLARATION

I/We declare that all the particulars given are true and complete and claim the sum of € _____ in accordance with the statement of claim overleaf.

SIGNATURE _____

DATE _____

