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Wedding 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

1. GENERAL (THIS SECTION MUST BE COMPLETED BY ALL CLAIMANTS)

Title:	Name and Surname of policyholders:		
Policy No.:			
Level of Cover:	Bronze <input type="checkbox"/>	Platinum <input type="checkbox"/>	
	Silver <input type="checkbox"/>	Diamond <input type="checkbox"/>	
	Gold <input type="checkbox"/>		
Claimant's name(s):			
Postal Address:	Home Address (if different from Postal Address):		
Telephone/Mobile No.:	E-mail address:		
Bussiness/Occupation:	Age:		
ID Card Number (s) / Passport Number (s):			
Are you insured by any other policy in respect of this claim? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please give name and address of Insurers and Policy Number:			
Date of wedding:	Ceremony Venue:	Reception Venue:	

2. CANCELLATION AND REARRANGEMENT OF WEDDING AND/OR RECEPTION

Date of cancellation:

Please give reasons for cancellation. If the reason is related to death or bodily injury please complete Section 11 Personal Accident:

State amounts claimed (Kindly attach receipts):

Please specify the amounts recovered (attach any relevant booking conditions):

Were the suppliers notified immediately of the cancellation/rearrangement? YES | NO

SECTION 3/4/5 - WEDDING AND CEREMONIAL ATTIRE/WEDING GIFTS/WEDDING RINGS, FLOWERS, ATTENDANT'S GIFTS,

WEDDING CAKE

Date of loss or damage:

Time:

Place:

State precise circumstances in which loss or damage occurred:

Name and address of witness/es to the loss or damage:

Were the police notified of loss and/or damage? YES | NO

If yes, when and at which station?

State amounts claimed (Kindly attach receipts):

6. CARS AND TRANSPORT

Date of loss:

State how the private hire firm/individual failed to meet its contractual obligations:

State amounts claimed, attach receipts and booking conditions:

7. PHOTOGRAPHS AND VIDEOS

Date of loss:

State precise circumstances in which loss or damage occurred:

State amounts claimed, attach receipts and booking conditions:

8. FAILURE OF SUPPLIERS

Date of loss:

State how the wedding services provider failed to meet its contractual obligations following bankruptcy or liquidation:

State amounts claimed, attach deposit receipts and booking conditions:

9. ESSENTIAL DOCUMENT INDEMNITY

Date of loss, damage or theft:	Time:
Place:	
State precise circumstances in which loss or damage occurred:	
Name and address of witness/es:	
Were the police notified of loss and/or damage? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, when and at which station?	
List details and amounts claimed in respect of additional accommodation and travel expenses and fees which arised as a result of this incident and attach relevant invoices and receipts:	

10/11. PERSONAL LIABILITY / OPTIONAL PUBLIC LIABILITY EXTENSION

Date of accident:	Time:
Place:	
Please give a detailed description of how the accident occurred:	
Name and address of witness/es:	
Were the police notified of loss and/or damage? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, when and at which station?	
Have you in any way admitted liability? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Has a claim been made against you? YES | NO

If so give details of the nature and amount of the claim:

12. PERSONAL ACCIDENT

Date of accident:

Time:

Place:

Give full description of the circumstances and details of the injury:

Has the claimant been totally disabled as a result of this accident? YES | NO

When did total disablement start?

Is the claimant still totally disabled? YES | NO

When does claimant expect to resume part, if not all of normal business?

13. LEGAL EXPENSES

Date of accident:

Time:

Place:

Please give a detailed description of how the accident occurred?

Were the police notified? YES | NO

If so, when and at which station?

Name and address of witness/es:

14. OPTIONAL MARQUEE EXTENSION

Date of loss or damage:	Time:
Place:	
State precise circumstances in which loss or damage occurred:	
Name and address of witness/es:	
List details and amounts claimed and attach relevant invoices and receipts:	

NOTE

Please attach original deposit receipts, invoices and/or proof of purchase.

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/ We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Date:	ID Card No. / Passport No.:
Name (in BLOCK letters):	
Signature of Policyholder(s):	

Date:	ID Card No. / Passport No.:
Name (in BLOCK letters):	
Signature of Claimant(s):	