

# PERSONAL PROPERTY CLAIM FORM

Branch/Broker/Agent \_\_\_\_\_

Claim No. \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.** Home \_\_\_\_\_ Business \_\_\_\_\_ **I.D. Card No.** \_\_\_\_\_ **Passport No.** \_\_\_\_\_

**Occupation/Nature of Business:** \_\_\_\_\_

**E. Mail Address** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Policy No.** \_\_\_\_\_ **Period of Insurance:** From: \_\_\_\_\_ to: \_\_\_\_\_ **Sum Insured:** \_\_\_\_\_

**IMPORTANT NOTES:-**  
**You are kindly requested to answer in full all questions in the applicable sections. You are also obliged to provide us with relevant reports to substantiate your claim together with quotations and invoices covering repairs/replacements. Please keep in mind that you are to take immediate steps to limit the damages.**

## SECTION 1: GENERAL QUESTIONS

1. Date and time of incident	/ /	am/pm
2. Address at which loss or damage occurred	_____	
3. Are the premises regularly left unoccupied?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes provide details	
4. State exactly how the loss or damage occurred	_____ _____ _____ _____	
5. (a) Please give details of others with knowledge of the circumstances (b) Name and address of person(s) responsible for loss or damage (if applicable)	_____ _____	
6. (a) Address of Police station where you reported the incident (b) Date and time incident was reported to Police	_____ _____/_____/_____   am/pm	
7. Have you previously suffered loss or damage from a similar cause?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes provide details	

## SECTION 2: BURGLARY/THEFT (complete if applicable)

1. When was theft discovered and by whom?	_____
2. (a) Where the premises occupied at the time of theft? (b) If not, when where they last occupied?	_____ _____
3. If burglary/theft was from a building, how was entry gained?	_____

4. (a) Were there any visible signs of a forced entry or exit to the building?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes provide details _____
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5. (a) Was an intruder alarm system in operation at the time of the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Was the alarm system activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 3: PARTICULARS OF CLAIM (please complete in all circumstances)**

Description of property lost, stolen or damaged (including make and model)	Date of Purchase	Original purchase price	Estimated cost of repair	Replacement cost if not repairable	Repair/Estimate original invoices (delete as necessary)	Amount Claimed
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	
					Attached/to follow	

Have you instructed repairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is the property owned by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No' to whom does the property belong?	_____

Do you hold any other insurance policies which may also cover this occurrence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details as follows:-	Insurer _____
	Policy Number _____
	Sum Insured _____

## **Data Protection Notice**

**To** the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

**In** addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

**We** and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from Thomas Smith Insurance Agency Ltd.. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

**You** have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, Thomas Smith Insurance Agency Ltd. 12, St. Christopher Street Valletta

***Declaration: -***

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Policyholder

\_\_\_\_\_

Full name in block letters