

Elmo Insurance Ltd Head Office: Abate Rigord Street, Ta' Xbiex, XBX 1111, Malta. Tel: 234 30000 (General) 21 345037 (Fax)

CLAIM FORM TYPE OF CLAIM: CLAIM NO.: Insured Policyholder: I.D. No.: Policy no.: Address: Tel/Mob No.: VAT No.: E-Mail Address: Address of Property Insured (if different from above): **Property** Are you the sole owner of the property damaged/stolen? If 'NO' please give details: Are there any other insurances on the property? YES If 'YES' please give details: **Circumstances** Date of loss or damage: Date when and place where the lost or damaged property was last seen (if applicable): Have the appropriate Authority been informed? NO YES

Please give details on how the loss, damage or accident occurred:

Please give details:

Please give details of the lost or damaged property:	

List of items lost, damaged or stolen	Name and address of seller	Date of purchase or acquisition	Value	Amount Claimed

Notes

- 1 Where the property can be repaired please enclose estimate. (If not available give an approximate cost of repair)
- 2 Please enclose receipts or valuations of the property lost or damaged

In case of Theft			
Were the premises forcibly entered?		YES	NO
Please give details:			
Was an intruder alarm and/or CCTV camera in operation?		YES	NO
Please give details:			
Please give details of any witnesses			
In case of Liability			
Please give details of any Third Party involved:			
Give particulars of any previous loss or damage?			
Declaration			
I hereby declare that the above statements and the information knowledge and belief.	n given are true to the	best of my	
I further declare that no person other than myself has any inte of sale or as owner, mortgagee, trustee or otherwise.	rest in the lost or dan	naged proper	ty by bill
Signature of Insured	Date		
	Date Presented		
			