



Policy Number

Claim Number

Completed by

IMPORTANT NOTES

Please return this form with the original invoices, receipts and quotations to:

Elmo Insurance Ltd, Abate Rigord Street, Ta' Xbiex XBX1111, Malta.

Please ensure that block capitals are used and that all sections of the claim form are fully completed to minimise any delays in handling your claim.

If you have any queries when completing this form please call us on 2343 0000 or email us on generalclaims@elmoinsurance.com.

1. POLICYHOLDER'S DETAILS

Name and surname/

Company name

Address

Email address

Company

Registration number

VAT Registration
number

ID / Passport number

Telephone number

Date of birth

Mobile number

2. VESSEL'S DETAILS

Registration number

Year of manufacture

Make, year and HP of outboard/inboard motor and serial numbers.

3. DETAILS OF PERSON OPERATING/IN CHARGE OF THE VESSEL

Name and surname

ID/Passport number

Address

Date of birth

Mobile number

Email address

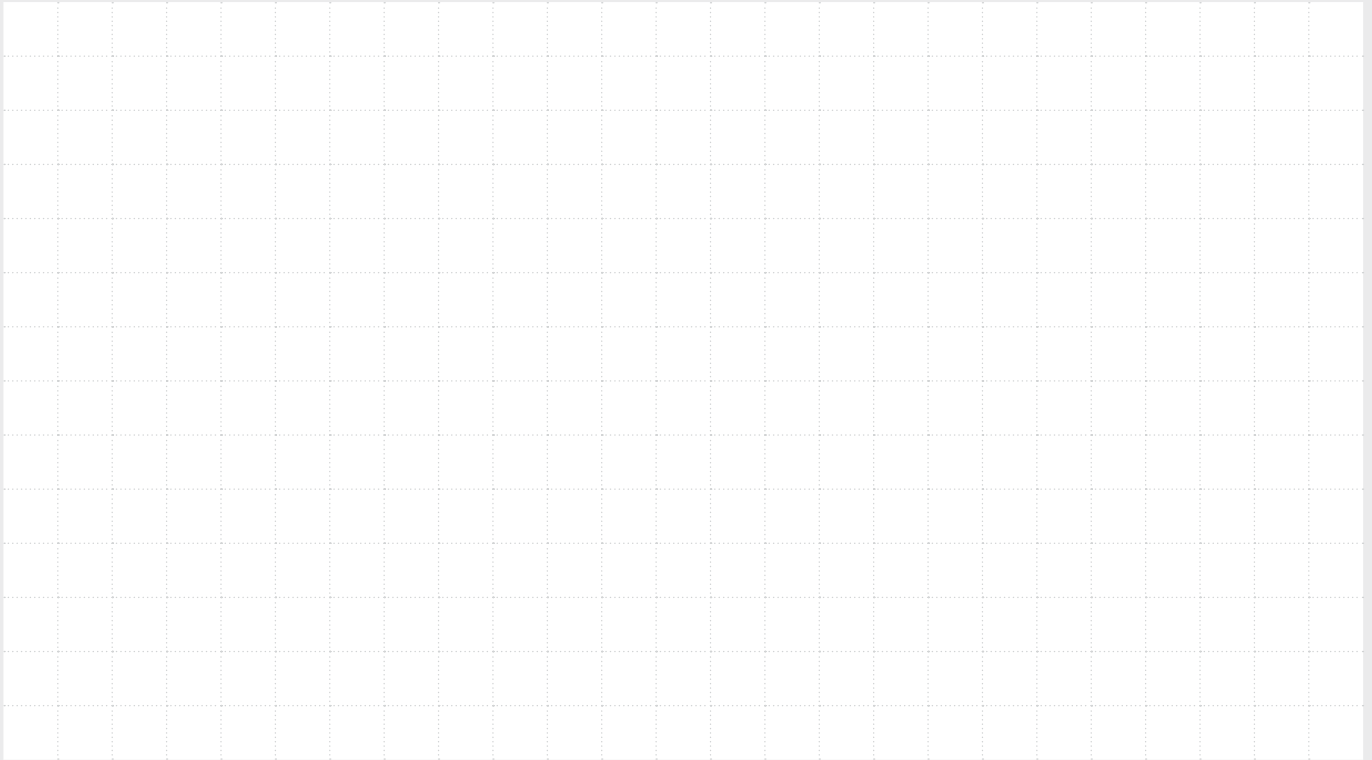
What is the relationship of this person to the policyholder?

General questions:

- | | | |
|---|-----|----|
| 1. Do you have a valid nautical license? | Yes | No |
| 2. Are you the owner of the vessel? | Yes | No |
| 3. Was any person involved in the accident under the influence of liquor or drugs? If yes, please give details. | Yes | No |
| 4. Have you had any accidents, loss or claims during the past 5 years? If yes, please give details. | Yes | No |

6. ACCIDENT SKETCH

Draw a diagram showing position of vessels at the point of impact and direction of the vessel just before the accident.



7. THEFT DETAILS

In case of theft, was there evidence of forcible entry? If yes, please give details.

Yes

No

Was this theft reported to the Police?

Yes

No

If yes, please state Police Report Number

Police station

Contact number

Explain in detail how access was gained:

Outboard motor

In case of theft of the outboard motor what security precautions or anti-theft device(s) were fitted or used?

Make and model

Serial number

8. ESTIMATES OF REPAIRS/REPLACEMENTS OF ITEMS WHICH ARE BEING CLAIMED FOR

Hull, inboard machinery, navigation equipment, tender/dinghy.

Description of item	Name of repairer	Estimate cost of repair
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For lost or stolen property, please complete the following:

Description of article Make and model	Date purchased	Replacement cost
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9. DETAILS OF THIRD PARTY

Was there any damage to third party property or any third party injuries?

Yes

No

If yes please complete the following third party details:

Name and surname

ID/Passport number

Address

Mobile number

Email address

Is another craft or vehicle involved in this accident?

Yes

No

If yes please complete the following:

Make/model

Registration number

Name of insurer

10. WITNESS

Name and surname

ID/Passport number

Address

Mobile number

Email address

11. DATA PROTECTION NOTICE

Elmo Insurance Limited is committed to protect the security of your personal data and to ensure that your rights according to the Data Protection Legislation are safeguarded. You may access our Data Protection Notice through the following link: www.elmoinsurance.com/online-security.

12. DECLARATION

I confirm that I have read and understood the Data Protection Notice.

I declare that to the best of my knowledge and belief, the statements and information provided by me in this form are true, accurate and complete and that I have not withheld any material information from Elmo Insurance Limited. I understand that if any information provided by me in this claim form is incorrect or incomplete or if I fail to disclose any material information, Elmo Insurance Limited may repudiate this claim.

I also agree that any person filling in this claim form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Limited and that in such case, I remain fully responsible for the correctness and accuracy of the answers provided in the form.

I understand that Elmo Insurance Limited needs to process personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to process, handle and/or settle this claim and I declare that I have no objection to such processing of personal data by Elmo Insurance Limited. I consent to the provision of any or all medical records relating to me or any or any other person insured or to be insured under the policy or who may claim under the policy to Elmo Insurance Limited as may be required for the purpose of the processing, handling or settlement of this claim. Consequently, I authorise any institution or person (including but not limited to doctors, nurses, surgeons, therapists, hospitals, clinics, laboratories and any other healthcare professional) to provide Elmo Insurance Limited with any information, including full medical records, reports or notes concerning me or any other person insured or to be insured under the policy or who may claim under the policy, in order for the validity of this claim to be established. Furthermore I authorise Elmo Insurance Limited to obtain from and/or share with other insurers and insurance intermediaries personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to prevent, detect and/or suppress insurance fraud.

Name and surname in block letters.

If a limited company disclose status of signatory.

Signature

Date

[Signature box]

/ /



Elmo Insurance provides its full services throughout a well supported branch network with convenient extended opening hours.

HEAD OFFICE

Abate Rigord Street
Ta' Xbiex XBX 1111
2343 0000

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218 Naxxar Road
B'Kara BKR 9044
2343 0322

COSPICUA BRANCH

48 Bormla Gate
Cospicua BML 2062
2343 0301

MELLIEHA BRANCH

160A Main Street
Mellieħa MLH 2315
2343 0308

PAOLA BRANCH

Antoine De Paule Square
Paola PLA 1261
2343 0306

QORMI BRANCH

St Bartholomeo Street
Qormi QRM 2187
2343 0311

RABAT BRANCH

23A Saqqajja Square
Rabat RBT 1192
2343 0332

ST PAUL'S BAY BRANCH

612 Mosta Road
St Paul's Bay SPB 3112
2343 0310

SWIEQI BRANCH

43 TRIQ IL-QASAM
SWIEQI SWQ 3027
2343 0317

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Mdina Road
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2343 0326/7

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