



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

Policy no.: _____ **Policyholder:** _____ **I.D. No.:** _____

Address: _____

VAT No.: _____ **Tel/Mob No.:** _____

E-Mail Address: _____

Address of Property Insured (if different from above): _____

Property

Are you the sole owner of the property damaged/stolen? YES NO

If 'NO' please give details: _____

Are there any other insurances on the property? YES NO

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? YES NO

Please give details: _____

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

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 given are true to the best of my knowledge and belief.

I further declare that no person other than myself has any interest in the lost or damaged property by bill of sale or as owner, mortgagee, trustee or otherwise.

Signature of Insured

Date

Date Presented