

Home Insurance

CLAIM FORM



YOUR WORLD | OUR COVER



Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

GUIDANCE NOTES

1. Before completing this form you should read it all through carefully.
2. When completing the form please write clearly and neatly and complete all relevant sections.
3. Please attach any documents and/or supply any available information to support your claim.
4. You must immediately inform the police authorities if the claim you are making relates to loss of an item outside the home, malicious damage, theft or attempted theft.
5. Please **DO NOT** dispose of any damaged property until we have been given the opportunity to inspect it.
6. Once the form is completed please sign the declaration at the end and keep a copy for your own records.
7. Send the form to us at Citadel Insurance p.l.c., 'Casa Borgo', 26, Market Street, Floriana, FRN 1082, Malta.
8. When we have been informed of your claim we will investigate it fully and may ask you for additional information.
9. The claim will be dealt with promptly and fairly.
10. **Should you have any further questions please do not hesitate to contact us. We have arranged a freephone service for your convenience: 8007 2322**

POLICYHOLDER(S) / CLAIMANT(S)

Name and Surname:

Policy No.:

Postal Address:

Date of Birth:

Mobile:

Telephone:

Email:

I.D. Card Number / Passport Number:

Issued at:

Date of Issue:

Occupation:

CIRCUMSTANCES OF LOSS

Date of Loss:

Time of Loss:

am / pm

Address where the loss or damage occurred:

Please explain in detail how the loss or damage occurred?

When was the loss or damage discovered and by whom?

Was the home occupied at the time of loss?

If not, then please advise when the home was last occupied and by whom.

Yes

No

Is a burglar alarm installed at your home?

If yes, then please advise whether the alarm was activated during the course of loss?

Yes

No

Did you notify the police authorities and register a report?

Yes

No

If yes, then please state when and where was the report filed.

Station:

Date / Time:

What security precautions have been taken to prevent a further loss?

DETAILS OF CLAIM**BUILDINGS SECTION**

Description of Damages	Name of Repairer	Estimate Cost of Repairs €	Amount Being Claimed €
			Total €

CONTENTS SECTION & PERSONAL BELONGINGS SECTION

Description of Article	Date of Purchase	Original Purchase Price €	Estimated Cost of Repairs €	Cost of Replacement €	Deductions (wear & tear / betterment) applicable to certain items €	Amount being Claimed €
					Total	€

Repairs / replacement quotations are attached: Yes No

If you are still waiting for estimates of repairs and / or replacements, please ensure that they reach our offices as soon as possible in order that we may settle your claim more quickly.

Have any repairs been commenced? Yes No

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

DATA PROTECTION NOTICE

Citadel Insurance p.l.c. and its subsidiaries (hereinafter "Citadel") are the data controllers of the information submitted in respect of this claim, whether submitted in writing or verbally, and such data is subject to the full terms and conditions of Citadel's Data Protection Notice, which may be found in the policy document.

I/we understand that the information received by Citadel about me/us in respect of this claim is necessary for Citadel to properly assess, defend and/or settle this insurance claim, and is therefore necessary for the purpose of performing its contractual and legal obligations towards me/us. Citadel may also process this data to assess risk, underwrite future contracts of insurance, collect premiums and submit other bills, and assess and respond to my/our queries. Furthermore, the data may be processed by Citadel to adhere to its legal obligations, such as to keep proper accounting records and to detect and report crime (including insurance fraud), and to safeguard its legitimate interests.

I/we further understand that my/our personal data is received by Citadel, or an insurance intermediary on Citadel's behalf, and it is disclosed, only when necessary, with Citadel's employees, insurance intermediaries, external consultants and legal advisors, loss adjusters and surveyors, repairers, healthcare professionals, the Malta Insurance Association and insurance and reinsurance companies, among others. Citadel may, therefore, receive data about or relating to me/us from these third parties and others.

I/we further understand that Citadel retains my/our personal data only for as long as it is necessary for the purposes outlined above, unless a longer retention period is required or permitted by law. I/we, as a data subject, have the right to access my/our data, amend it to the extent that it is inaccurate, object to direct marketing and to the processing of data, request the erasure of data, or to have the data transferred to another controller, make a complaint to the Information and Data Protection Commissioner, among other rights. The exercise of such rights may be subject to certain conditions and limitations.

In case of queries, or to exercise my/our rights, I/we may contact Citadel on (+356) 2557 9000 or on dpadmin@citadelplc.com or Citadel's Data Protection Officer on (+356) 2759 5000 or on dpo@citadelplc.com.

The full Data Protection Notice may be requested at any time, and is available on our website.

DECLARATION

1. I/We the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. Any communication regarding Third Party injuries or damage which I/We may receive will not be answered but forwarded immediately to Citadel Insurance p.l.c.

KEEP ME POSTED
 Do you wish to keep yourself updated with our products?

Yes No

I/We have read and understood the Important Notice, the Data Protection Notice, the Declaration, and any other information relating to my/our rights.

SIGNATURE OF POLICYHOLDER(S) / CLAIMANT(S):

ID CARD NUMBER:

 Floriana | 2557 9000 - Freephone | 800 72322 info@citadelplc.com citadelplc.com

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Branches: • Birkirkara • Haż-Żebbuġ • In-Naxxar • Il-Mosta • Iż-Żejtun • Paola • Ta' Xbiex • Il-Mellieħa • Victoria, Gozo
Tied Insurance Intermediaries: • Malta • Gozo

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.