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Registration Number: C5553



NOTIFICATION OF LOSS OR DAMAGE FOR CONTRACTORS' ALL RISK INSURANCE

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

Claim No.	Policy No.
Type of contract works	
Name(s) of insured	
Address(es) of insured	
I.D Card No.	E-mail
Telephone no.	Mobile no.
VAT Registration No.	VAT Status

Location and address of contract site

Name of supervising engineer

Nearest main road

Easiest access to contract site from main road

When did the loss occur? Time _____ Date _____

What was damaged? (Give explanation. Which parts? To what extent?)

Contract works _____

Construction plant and equipment _____

Construction machinery _____

Has damage occurred to third parties?

Property damage _____

Bodily injury _____

How did the loss occur and what was the probable cause?

(Kindly append sketches, photographs and if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings)

Are there any witnesses to the occurrence of the loss? Yes No
If so, give name and address.

How are the damaged items to be repaired?

Estimated Time:

Are there alterations to or improvements of design, execution, or construction materials being effected whilst repairs are being made?

Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? Yes No

If so, to what extent and why?

What are the estimated repair costs for damage to

The contract works: _____

The construction and equipment: _____

The construction machinery: _____

What is the estimated indemnity for third party liability claims?

Property damage: _____

Bodily injury: _____

Were any existing buildings/surroundings/property damaged? Yes No

If so, what were the damages?

Estimated Claims amount: €

Additional comments

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Signature of claimant

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant

Date