

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer could 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 (ext: 6011) or on dpoo@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:

Home Claim Form 06/19



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: Haż-Zebbuġ 2146 4873 • Il-Ġiżra 2133 2151 • Il-Mosta 2143 8880 • In-Naxxa 2141 9198

Iż-Żejtun 2180 7779 • Paola 2180 6247 • San Gwann 2733 0044 • Il-Melliha 2152 5232

Victoria, Gozo 2156 6660

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.



Home Insurance

claim form

Citadel
insurance

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?

Yes

No

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

Is a burglar alarm installed at your home?

Yes

No

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

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

ADDITIONAL INFORMATION

Do you occupy the home as a tenant?

Yes No

If yes, please give name and address of the landlord.

Are you responsible for repairs and maintenance of landlord's fixtures under the terms of a tenancy agreement?

Yes No

If yes, what is the limit of your responsibility?

Are you registered (or liable to register) for VAT?

Yes No

If yes, are you eligible to recover VAT on the cost of repair or replacement in respect of this claim?

Yes No

Should this be the case, your claim shall be adjusted and settled net of recoverable VAT.

Are you the sole owner of the stolen or damaged property?

Yes No

If **NOT**, please state the name(s) of any other interested parties and the nature of their interest:

What is your estimate of the total value of the contents in your home at the time of loss? (€)

Are you responsible for repairs to the home?

Yes No

Are there any other insurances covering the loss?

Yes No

If yes, please give details:

Have you sustained a loss or made a claim against any insurer in the past five years?

Yes No

If yes, please give details:

PAYMENT INSTRUCTIONS

Please complete bank details below in order to receive payment directly into your bank account. We can only make payments to bank accounts that are within the Single Euro Payments Area (SEPA).

Account Holder's Name: _____

IBAN number:

BIC / SWIFT code: _____

Please send a notification of payment to this e-mail address: _____

Signature: _____

Date: _____

The above information will be processed by Citadel to provide you with the direct credit service. Such information will not be shared with third parties unless for the purpose of providing you with a comprehensive service. For further information, please refer to the privacy notice on our website: <https://www.citadelplc.com/en/privacy-policy>.