



BONNICI INSURANCE
AGENCY LIMITED

Bonnici Insurance Agency Ltd

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MAPFRE
MIDDLESEA

Personal Accident / Medical Expenses Claim Form

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.:
Intermediary / Agent:	

INSURED AND LOSS DETAILS

Title:	Name and surname of policy holder:
Address:	
Address at which incident occurred:	
ID. Card no.:	Passport no.:
Tel. / Mob. No.:	
E-mail address:	
VAT Reg. No.:	Business / Occupation:
Date and Time of Incident:	
Description of incident:	
Nature of injury / illness:	
Name and address of doctor who attended:	
Has a similar injury / illness been sustained before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so when?	
Name and address of usual doctor:	
During what period was the person totally disabled from attending to any part of his/her occupation/profession?	
From:	
To:	

If total disablement continues, the attached certificate is to be completed by the injured person's Doctor.

PAYMENT DETAILS - *Let us know your bank account details for processing of payment*

Use the bank details below for this and future claims YES | NO

IBAN:

Account Holder Name:

DATA PROTECTION

Mapfre Middlesea p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001 Mapfre Middlesea p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Mapfre Middlesea p.l.c. is compliant with this Act, a copy of which is available on request.

DECLARATION

I/We hereby declare that, after checking all details, the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I understand that in the event of an incomplete and/or non-disclosure of material information, MAPFRE Middlesea p.l.c reserves the right to repudiate the claim. Furthermore, I declare that I have not withheld any information relevant to the claim and assume full responsibility for the statements being made.

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.

I give explicit and unequivocal consent to MAPFRE Middlesea p.l.c. to seek any information from any doctor, surgeon, hospital, clinic, laboratory or persons that have records or knowledge of my health in order for the validity of the claims to be established. I hereby authorise any doctor, surgeon, hospital, clinic, laboratory or persons that have records to provide full medical information concerning myself and my dependants.

Signature of claimant:

DOC. NO. BPACF-V1.0-010923

COM. NO. MMS080523/1

Bonnici Insurance Agency Ltd (C-8614) is enrolled under the Insurance Distribution Act to act as an Insurance Agent for MAPFRE Middlesea p.l.c. (MMS). MMS (C-5553) is authorised by the Malta Financial Services Authority (MFSA) under the Insurance Business Act. Both entities are regulated by the MFSA.