



ISLAND INSURANCE BROKERS LIMITED

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Contact Form

You are kindly requested to complete ALL fields in this form and we shall contact you within the next business day with further details necessary to process your enquiry.

Personal Details

Name ID Card No. Occupation and place of work

Date of Birth Address

Telephone mobile Fax email:

I am interested in Fleet Insurance
 Self-Drive & Garage Hire Insurance
 Other (please specify)

Preferred mode of contacting you phone/ post/ email/ fax

Preferred time for phone calls:

DATA PROTECTION

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act. By completing this form and sending it to Island Insurance Brokers Ltd, you consent to Island Insurance Brokers Limited processing your personal data in accordance with our Privacy Policy. Please view our Privacy Policy at www.islandins.com before submitting this form.