

## Motor Vehicle Accident Claim Form

**Important Notice:** Information provided to us herein and elsewhere may be shared with other insurers and market associations in order to prevent fraudulent claims. Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected under the Professional Secrecy Act, 1994.

FILLING OUT THIS FORM INCORRECTLY OR INCOMPLETELY MAY PREJUDICE YOUR CLAIM

Please write clearly in **BLOCK LETTERS**, if you need more space, use separate sheet, sign it, date it and attached it herewith.

### SECTION 1

### THE POLICYHOLDER

Policy Number		Name	
		Agent/Broker	
Address			
Telephone No		Mobile No	
		ID Card No	
Email			
Date of Birth		Age	
Occupation		Vol.Excess	
Type of Cover		NCD Protection	
Authorised Drivers			

### SECTION 2

### THE DRIVER

Name	
Address	
Telephone No	
Email	
Date of Birth	
Age	
Occupation	
Driving Licence No	
Group	
Expiry Date	
Is the Licence Full or Provisional?	
Mobile No	
ID Card No	
Where you involved in any traffic accident in the last 3 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details .	
Were you breathalised following the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details .	
Were you warned of any Police prosecution pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details .	
Were you wearing a seat-belt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please provide details .	

**SECTION 2 cont.****THE DRIVER**

Have you had any previous police convictions?

Yes  No 

If Yes, please provide details . \_\_\_\_\_

Do you have any physical or mental disabilities, impairment of sight or hearing?

Yes  No 

If Yes, please provide details . \_\_\_\_\_

Have you ever been refused Motor Insurance or continuance thereof by any Company or Underwriter?

Yes  No 

If Yes, please provide details . \_\_\_\_\_

Were you driving the vehicle with policyholder's permission ?

Yes  No 

If Yes, please provide details . \_\_\_\_\_

Were you alone in the vehicle?

Yes  No 

No of persons in vehicle \_\_\_\_\_

**SECTION 3****THE INSURED'S MOTOR VEHICLE**

Make &amp; Model \_\_\_\_\_

Registration No \_\_\_\_\_

Year Of Manufacture \_\_\_\_\_

Engine Capacity \_\_\_\_\_

Chassis No \_\_\_\_\_

Colour \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Engine No \_\_\_\_\_

Type of Body \_\_\_\_\_

Petrol/Diesel \_\_\_\_\_

Radio \_\_\_\_\_

Insured Value \_\_\_\_\_

Is the vehicle subject to any hire purchase agreement?

Yes  No 

If Yes, please state name of Firm. \_\_\_\_\_

Is car UK Imported or Local?

Yes  No 

If UK Imported, please state. \_\_\_\_\_

OI Damage Description

Front  Rear  Left  Right  Roof  Underneath  Mechanical  None  All Over **SECTION 4****THE ACCIDENT**

Date of Accident \_\_\_\_\_

Time \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Place Of Accident \_\_\_\_\_

Was the accident reported to the police?

Yes  No 

Which Police Station? \_\_\_\_\_

Police Sergeant No \_\_\_\_\_

Report No \_\_\_\_\_

Police Reason \_\_\_\_\_

Were the wardens Called?

Yes  No 

Was a front-to-rear form completed?

Yes  No 

Your estimated speed at the time of accident (kilometres or miles) \_\_\_\_\_

DESCRIPTION OF ACCIDENT - \_\_\_\_\_

	Third Party (1)	Third Party (2)	Third Party (3)
<b>OWNER Name</b>			
<b>Address</b>			
<b>Telephone No</b>			
<b>Mobile No</b>			
<b>Email Address</b>			
<b>ID Card No</b>			
<b>Make of Vehicle</b>			
<b>Registration No</b>			
<b>Insurers</b>			
<b>Policy No</b>			
<b>Damages</b>			
<b>Repairer</b>			
<b>Driver Name</b>			
<b>Driver Address</b>			
<b>Driver Telephone No</b>			
<b>Driver Mobile</b>			
<b>Driver Email</b>			
<b>Driver ID Card No</b>			

## SECTION 7

### Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from banks, other insurance companies, insurance intermediaries, brokers or insurance associations. In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association. We and other companies within our group would like, on occasion, to keep you informed of our products and services by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from Argus Insurance Agencies Limited. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided below.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, Argus Insurance Agencies Limited, "La Concorde", Triq Abate Rigord, Ta' Xbiex XBX 1121, Malta.

Argus Insurance Agencies Limited as local representatives of Argus Insurance Company (Europe) Limited is authorised to carry on business of insurance in Malta in terms of the Insurance Business Act 1998, regulated by the Malta Financial Services Authority. Company Registration Number: C597

### Declaration

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal.

If you have any doubts as to whether certain facts are relevant, ask your local Argus Insurance Agencies Limited office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully.

Please ensure that you keep a record (including copies of letters) of all information that you supply to us in relation to this proposal.

### Professional Secrecy Act

Information on this form or on any subsequent claim form along with other relevant information may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of insurance fraud.

Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act.

### Together we can fight fraud

I declare that I have read or have had read over to me, the contents of the completed proposal form and I declare that the information given in it is, to the best of my knowledge and belief, correct and complete and that it will form the basis of the contract between me and Argus Insurance Agencies Limited.

I agree that if my answers have been written by any other person on my behalf, other than an employee of Argus Insurance Agencies Limited or any of their Brokers/Tied Insurance Intermediaries such person shall for that purpose shall be considered as being my agent and not the agent of Argus Insurance Agencies Limited.

**Signature of Policyholder** \_\_\_\_\_ **Name in blocks** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Driver** \_\_\_\_\_ **Name in blocks** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION 8**

**THEFT**

Please complete this section if your vehicle has been **STOLEN** or **BROKEN INTO**.

Was the vehicle stolen? Yes  No  / Broken into with Personal Effects stolen? Yes  No

Date of occurrence between \_\_\_\_\_ And \_\_\_\_\_ Time \_\_\_\_\_

Location of occurrence \_\_\_\_\_ Time \_\_\_\_\_

Was the vehicle being used for private or commercial purposes? Private  Commercial

Was the vehicle locked? Yes  No

Have the keys/spare keys ever been misplaced or stolen? Yes  No

Is the vehicle fitted with an alarm, an immobiliser or a tracking device? Yes  No

If YES, please specify name of device \_\_\_\_\_

Date of purchase \_\_\_\_\_ Place of purchase \_\_\_\_\_

When was the theft reported to the Police? \_\_\_\_\_ Time of report \_\_\_\_\_

Police station at which report was made \_\_\_\_\_

In the case that your vehicle has been stolen, kindly advise the following:

Where and when was the vehicle purchased from \_\_\_\_\_

Has any alteration been recently made to the vehicle that would help to establish its identity? Yes  No

If YES, please give details \_\_\_\_\_

Name of the last person using vehicle before it was stolen \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ ID Card No \_\_\_\_\_

Email Address \_\_\_\_\_