



Motor Insurance CLAIM FORM



Policy Number

Claim Number

Completed by

1. Policyholder's details

Name and surname /
Company name

ID number /
Co. Reg. Number

Address

VAT Reg. Number
(if applicable)

Mobile / Telephone
Number

Occupation

Email Address

2. Details of Driver

Name and surname

ID number

Address

Mobile / Telephone
Number

Email Address

Occupation

Date of Birth

 / /

Relationship to
Policyholder

Were you driving under the influence of alcohol?

Yes

No

Have you (the driver) had any accidents, loss or claims during the past 5 years?

Yes

No

Are you the owner of the vehicle?

Yes

No

Witness

Yes

No

If 'Yes' please give details

Have you (the driver) had any convictions/offences in connection with a motor vehicle during the past 5 years?

Yes

No

Driving Licence

Yes

No

Suspended

Never Had

Group

Additional Details

3. Accident Details

Date of accident

 / /

Time of accident

Place of accident

Registration Number

Number of passengers
excluding driver

Make and model

Which authorities were informed?

Police

Wardens

None

Responsibility for accident: Self

Undecided

Other Party

Both

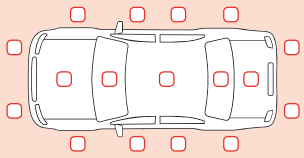
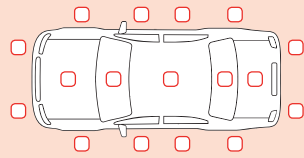
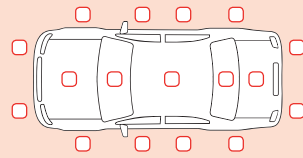
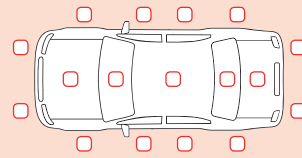
*Sketch Plan

(draw diagram showing positions on road at point of impact and direction of vehicles just before accident)

*Description of accident

**If the above space is not enough please tick the box and complete a Supplementary Claim Form.*

4. Nature of Damages - Insured Vehicle

OWN DAMAGE	THIRD PARTY 1	THIRD PARTY 2	THIRD PARTY 3
			
Mark all damages, blemishes etc.	Mark all damages, blemishes etc.	Mark all damages, blemishes etc.	Mark all damages, blemishes etc.

5. Nature of Damages/Injuries - Third Party(ies)

	THIRD PARTY 1	THIRD PARTY 2	THIRD PARTY 3
Policy Holder's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make and Model	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurer / Type of cover	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile / Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile / Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Data Protection Statement

Elmo Insurance Ltd is the data controller in relation to personal data held about you or any other person whom you insure with us. By making a request for insurance with Elmo Insurance Ltd, you acknowledge that you and all persons whom you propose to insure with us accept this Data Protection Statement. You should therefore show this notice to anyone whom you propose to insure with us.

It may be necessary for us to collect sensitive personal data (such as medical conditions or injuries) relating to you or any other person insured or to be insured under the policy or who may claim under the policy. You should get their explicit consent before sharing their personal data with us. By making a request for insurance with Elmo Insurance Ltd, or making a claim under this policy, you acknowledge that you and all such persons are giving their explicit consent to such information being processed in the manner and for the purposes outlined here.

Under the terms of your policy, you should give us notice about any accident which may give rise to a claim under the policy. When you give us notice about any such accident you acknowledge that you and all persons who may claim under this policy accept this Data Protection Statement. You should therefore likewise show this notice to anyone claiming under this policy.

We will use this information to manage and administer your insurance policy, to assess creditworthiness and for underwriting, claim handling and fraud prevention purposes. In order to provide you with products and services this information will be held in the data system of Elmo Insurance Ltd. We may also collect information from other sources and check the information that you provide us. We may pass this information to other insurers either directly or through persons acting on their behalf such as the Malta Insurance Association, Insurance Intermediaries, or Private Investigators, Medical Consultants, the Commissioner of Police, the Malta Insurance Fraud Platform, and where we are entitled to do so under the Insurance Business Act or the Data Protection Act. Furthermore, in case you default in the payment of your premium or other dues under the policy, we may pass this information to the Malta Association of Credit Management or Credit Info or any Credit Referencing Agency, so that such information will be recorded in the system and made available to participants.

You are entitled to know what personal data is held about you in our systems and where applicable request the rectification or erasure of such data. If you wish to receive such information, you should write to us. We may pass some or all of the information that relates or is ancillary to the claims history of persons who may claim under your policy to the Malta Insurance Fraud Platform. The aim of the Malta Insurance Fraud Platform is to prevent, detect, suppress and/or prosecute insurance fraud. Elmo Insurance Ltd jointly with other motor insurers is the data controller in relation to the Malta Insurance Fraud Platform. The platform is administered on our behalf by the Malta Insurance Association. Under the Data Protection Act, you are entitled to know what information about claims you have made is held on the Malta Insurance Platform and where applicable, request the rectification or erasure of the same. If you wish to receive this information, please write to the Malta Insurance Association at its registered address.

7. Declaration

I/We declare that to the best of our knowledge and belief, these particulars are full and true. I/We agree to give any further information that may be required. Furthermore, I/we confirm that I/we have read the Data Protection Notice above.

Signature of Driver	<input type="text"/>	Signature of Insured	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------	----------------------	----------------------	----------------------	------	----------------------	----------------------	----------------------



Motor Insurance SUPPLEMENTARY CLAIM FORM



1. Policyholder's details

Name and surname /
Company name

Policy Number

ID number

Claim Number

2. Description of accident

Lined area for describing the accident.

3. Sketch Plan *(draw diagram showing positions on road at point of impact and direction of vehicles just before accident)*

Grid area for drawing a sketch plan of the accident scene.