



MOTOR ACCIDENT CLAIM FORM

Claim No.	Policy No.	
Filled By	Vehicle Reg. No.	YOM
Make & Model	Cover Type	

POLICYHOLDER

Full Name	ID No.
Address	Tel. No.
Email Address	Mobile No.
VAT Reg. No.	Occupation
	Vat Status

PERSON DRIVING OR IN CHARGE OF VEHICLE - SAME AS POLICYHOLDER Yes / No

Full Name	ID No.
Address	Date of Birth
Email Address	Tel. No.
Relation to Policyholder	Mobile No.
Any Previous Accidents (3 years)	Occupation
Any Vehicle Insurance declined or refused renewal Yes / No	Licence Group
	Prosecuted for any offence with any motor vehicle Yes / No

ACCIDENT DETAILS

Date	Time	Locality	Estimated Speed	km
Accident Report	Wardens	Police	Front to Rear	Vehicle Use
				Private
				Business
Is vehicle subject to hire purchase agreement?	Yes	No	Road/Surface Condition	
Passenger Details				
Witness Details				

Accident/Loss Description _____

Sketch/ Plan of Accident

Insured Third Party



In my opinion accident responsibility rests with **Myself** **Third Party** **Both**

THIRD PARTY DAMAGE

Details	TP 1	TP 2	TP3
Owner Full Name			
ID No.			
Address			
Vehicle Reg. No.			
Insurance			
Make & Model			
Driver Full Name			
Address			
ID No.			
Fixed/Mobile No.			
Email Address			

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 our sub-agents, other Insurance Companies, Insurance Intermediaries 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 or 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 Thomas Smith Insurance Agency Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

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, Thomas Smith Insurance Agency Ltd., 1 War Victims Square Luqa.

Declaration

All communications relating to the accident must be forwarded immediately unanswered to Thomas Smith Insurance Agency Ltd.,

I/We declare that I have read this completed form and that the information given here is true and correct to the best of my/our knowledge/belief

Policyholder _____

Driver _____

Date _____

Date _____