

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 together with other information relating to the claim, may be provided to other Insurers, their Agents and Insurance Associations.

**THE ISSUING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE COMPANY.
ALL QUESTIONS MUST BE FULLY ANSWERED. TICKS AND DASHES ARE NOT SUFFICIENT.**

Claim no.	Policy no.
Type of cover	Policy period

1. POLICYHOLDER'S DETAILS

Title	Name and Surname of policyholder
Address	
	I.D. card no.
Tel/Mob. no.	E-mail address
Business or occupation	
VAT reg. no.	VAT status

2. DRIVER'S DETAILS

Name and Surname of driver	
Address	
	I.D. card no.
Tel/Mob. no.	E-mail address
Date of birth	Licence group
Licence no.	Date of expiry
Relationship with policyholder	Occupation
Was driver using vehicle with policyholder's permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of previous accidents	

3. VEHICLE'S DETAILS

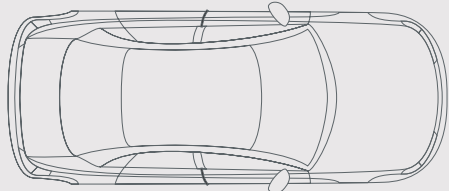
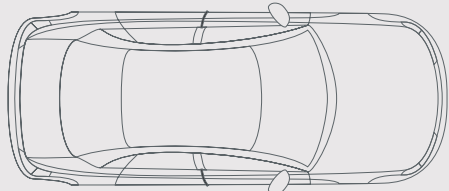
Registration no.	Year of manufacture
Make and model	
Is the vehicle subject to a Hire Purchase Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", give full details and address	

4. PARTICULARS OF ACCIDENT

Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Vehicle use <input type="checkbox"/> Business <input type="checkbox"/> Private	Location
Estimated speed of vehicle at time of accident <input type="text"/> Kph <input type="text"/> Mph	
Accident was reported to <input type="checkbox"/> Wardens <input type="checkbox"/> Police <input type="text"/>	Report no. <input type="checkbox"/> Front to rear
State of road/road surface <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Flat	
Were seat belts being worn by Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of passengers/witnesses	
Address of passengers/witnesses	
How did the accident or theft happen?	
Who do you consider was at fault? <input type="checkbox"/> Myself <input type="checkbox"/> Other <input type="checkbox"/> Driver <input type="checkbox"/> Both <input type="checkbox"/> Other party	

5. SKETCH PLAN OF ACCIDENT

Please draw a plan of the accident showing scene of accident, road widths, road signs and position of vehicles. Indicate with an arrow the direction in which the vehicles were travelling.

	Show the damaged areas to your vehicle
	
	Show the damaged areas to third party vehicle
	

6. THIRD PARTY DAMAGE

	Third Party 1	Third Party 2	Third Party 3
Name and Surname			
I.D. card no.			
Address			
Tel no.			
Registration no.			
Make and model			
Damages			
Insurer			
Repairer			
Survey date			

7. PERSONAL INJURIES

Name and Surname			
Type of injury			
Injured party			
Vehicle reg no.			

8. DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorise (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Middlesea Insurance p.l.c.

Signature of claimant	Date
-----------------------	------

9. DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. 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.

Signature of claimant	Date
-----------------------	------