

PUBLIC LIABILITY / THIRD PARTY ACCIDENT NOTIFICATION

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

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

1. POLICYHOLDER

Name of policyholder	
Address	
I.D Card No.	E-mail
Telephone no.	Mobile no.
VAT Registration No.	VAT Status
Policy no.	Business/Occupation

2. ACCIDENT

Date and time of accident
Describe the nature of the location of the accident
When and by whom was the accident reported to you?
Has the accident been reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, at which police station and on what date?

Was the accident due to the carelessness or negligence of you or your employees? Yes No

Have you in any way admitted liability? Yes No

Give a detailed description of how the accident occurred and (if appropriate) draw a rough sketch to illustrate the circumstances:

Give name and addresses of all witnesses:

If no witnesses were recorded, please state the reason

3. INJURED PERSON/S

Name and Address	Nature of Injuries	Estimated Age	Admitted to Hospital
(1)			Yes <input type="checkbox"/> No <input type="checkbox"/>
(2)			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. PROPERTY DAMAGED

Describe the nature and extent of the damage and if possible estimate the repair cost

Name and address of owners of damaged property

Name, address and policy number of insurers of damaged property

5. THIRD PARTY CLAIMS

Has a claim been made against you? Yes No

If yes, give details of the nature and amount of the claim

Was the other party to blame? Yes No

If yes, give reason

Kindly give any additional information you consider may assist the Company in dealing with the claims against you.

Note: Any communication regarding the accident must be forwarded to the Company immediately.

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 authorize (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

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