



Motor Vehicle Accident Report

Claim No. Policy No. Agent or Broker

Details of Insured Policyholder

Name ID No.
Address (incl. Post Code) Tel No. Work
Home
Cellular
VAT No. E-mail Occupation

Details of Driver

Driver's License No.* Date of Issue Group

*You are requested to provide us with a copy of the Driver's Licence

If Insured was not driving at time of accident complete the following:

Driver's Name ID No. Age
Address (incl. Post Code) Tel No. Work
Home
Cellular

Was driver using vehicle with owner's consent? Yes ☐ No ☐

Was driver in the Insured's employ at the time of the accident? Yes ☐ No ☐

Details of Vehicle

Registration Mark Make and Model C.C.

Insured's estimate of Motor Vehicle Value Year of Manufacture Tonnage

Is any Hire Purchase Agreement in force in respect of the vehicle insured? Yes ☐ No ☐

If **Yes** please state name of finance company

Details of Accident

Date of Accident Time of Accident a.m. p.m.

Place of Accident Town

Speed of vehicle at time of accident kph mph Number of passengers in vehicle at time of accident

Police station to which accident reported Police/E Tars No.

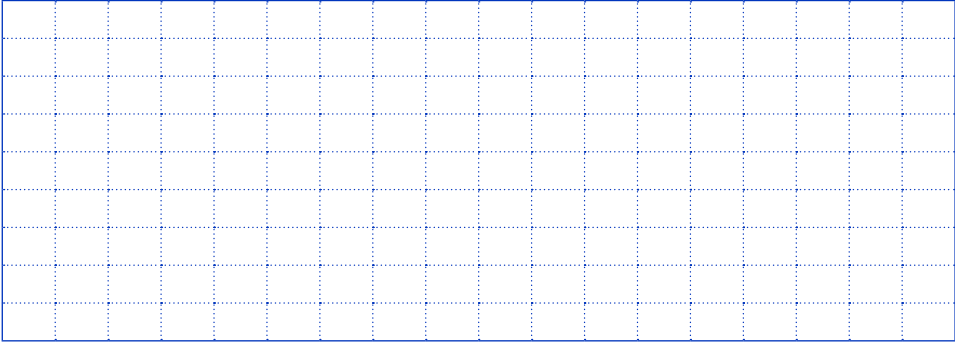
Warden called on site Weather and road conditions

Details of any witness (Name, Address, Tel No.)

Description of accident (incl. details of warning/signal given by both parties)

Whom do you consider to blame for the accident Self ☐ Other Party ☐ Both ☐

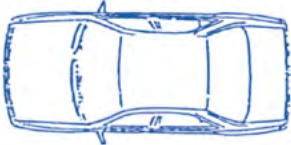
Sketch plan (draw diagram showing positions on road at point of impact and directions of vehicles just before accident)

	Office Use Only
	Driver Fault Chart
	Case Ref: <input type="text"/>
	Liability
	Ins <input type="checkbox"/> T.P. <input type="checkbox"/> Both <input type="checkbox"/>

Nature of Damages – Insured Vehicle

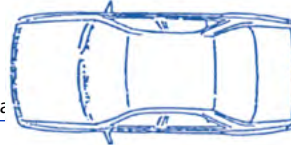
Repairer:

Mark



Third Party's Vehicle

Mark



Nature of Damages/Injuries – Third Party (ies)

	Particulars	Make/Reg. Mark of vehicle	Insurer	Damages/Injuries	Repairer
Name:					
ID No:					
Address:					
Tel No:					
VAT No:					
Name:					
ID No:					
Address:					
Tel No:					
VAT No:					

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Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our business including:

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- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

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<https://idpc.org.mt/en/Pages/contact/complaints.aspx>

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Signature of Insured

Date

Signature of Driver

Date