



## 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

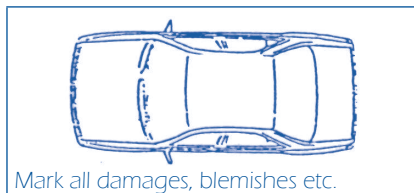
Self  Other Party  Both

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

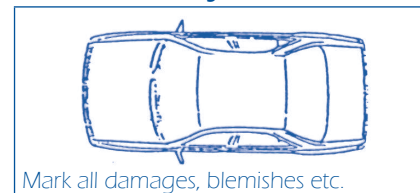
	<b>Office Use Only</b>
	Driver Fault Chart
	Case Ref: <input style="width: 100px;" type="text"/>
	Liability
	Ins <input type="checkbox"/> T.P. <input type="checkbox"/> Both <input type="checkbox"/>

**Nature of Damages – Insured Vehicle**

Repairer:



**Third Party's Vehicle**



**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:					

**Data Protection Statement**

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about You or relating to You and/or to any other person/s on whose behalf you are making this claim (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act"). By making a claim with Atlas, You and Others accept the terms of this Statement. You hereby warrant that you have presented this statement to 'Others' and have obtained their necessary explicit verbal consent to:

- a. the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (but not limited) to handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- b. the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, Insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare providers of any kind or any person, body or authority authorised by law to receive personal data;
- c. the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in paragraph (a) above;
- d. the Group keeping You and Others informed of their products and services by any means. You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive this information;
- e. the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on [http://www.atlas.com.mt/Legal/Data\\_Protection.aspx](http://www.atlas.com.mt/Legal/Data_Protection.aspx).

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date