



## 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

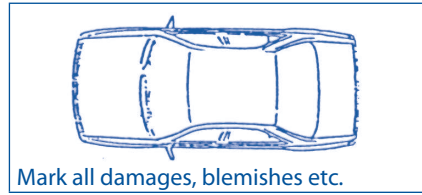
Self  Other Party  Both

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

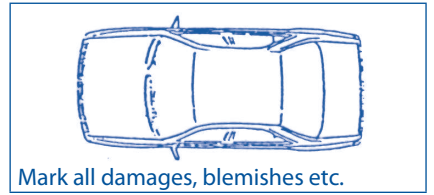
	<b>Office Use Only</b>
	Driver Fault Chart
	Case Ref: <input style="width: 100px;" type="text"/>
	Liability
	Ins <input type="checkbox"/> T.P. <input type="checkbox"/> Both <input type="checkbox"/>

**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:					

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

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;

- 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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If you wish to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <https://www.atlas.com.mt/legal/data-protection/>.

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Signature of Insured

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Date

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Signature of Driver

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Date