

Liability Accident Report Form

Branch/Broker/TII _____

Claim Number _____

Policy Number _____		Period of Insurance: From _____ to _____	
Name: _____		Contact Person: _____	
Address: _____			
Telephone No. Home _____	Business _____	Mobile _____	ID Card No. _____
Comp. Reg. No. _____	VAT Reg. No. _____	E-mail Address: _____	
Occupation/Nature of Business _____			
Business Address: _____			

1. Date & Time of accident	____/____/____	_____ Am/Pm
2. Where did it happen? (Address of premises & description of site)	<hr/> <hr/> <hr/> <hr/>	
3. a. What was the nature of the work you (the policyholder) were undertaking at the place of the accident? b. Who was in charge?	a.	<hr/> <hr/> <hr/> <hr/>
	b.	<hr/> <hr/> <hr/> <hr/>
4. Give a detailed explanation on how the accident occurred. (Attach a signed statement if space is not enough)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
5. When, and by whom was the accident reported to you?	<hr/> <hr/> <hr/> <hr/>	
6. (a) In your opinion was anyone to blame for the accident? (b) Did anyone admit it was their fault?	a.	<hr/> <hr/> <hr/> <hr/>
	b. YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Who? <hr/> <hr/> <hr/> <hr/>
7. Was the accident reported to the police? Which station?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Signature _____

<p>8. Give name(s) of person(s) injured or whose property was damaged.</p> <p>(If more than one person, please list under <i>Addition Remarks</i>)</p>	<p>Name: _____ Age: _____</p> <p>Address: _____</p> <p>Contact Number/s: _____</p>
<p>9. (a) Describe what injuries were sustained.</p> <p>(b) Name of doctor /hospital by whom treatment was given.</p>	<p>a. _____</p> <p>_____</p> <p>b. _____</p> <p>_____</p>
<p>10. (a) Description of Property Damaged</p> <p>(b) Nature of damage to property</p> <p>(c) Amount Claimed</p>	<p>a. _____</p> <p>_____</p> <p>b. _____</p> <p>_____</p> <p>c. _____</p> <p>_____</p>
<p>11. Give name(s) and address(es) of any witnesses of the accident</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>12. Has any claim been made against you? (Any letter or document you receive should be forwarded to us immediately and unanswered).</p>	<p>_____</p> <p>_____</p> <p>_____</p>

Additional Remarks

Use this space to provide any additional information relevant to the accident, including a sketch if applicable

Signature _____



Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from Gasamamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, Gasamamo Insurance Ltd, Msida Road, Gzira GZR 1405.

Declaration: -

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

Date

Full name in block letters

Signature of Policyholder