

FOR OFFICE USE

Claim No:

Filled in by:

Date of accident:

Time:

POLICY-HOLDER DETAILS

Policy No:

Reg No:

Name:

ID No:

Address:

Tel No:

Mob No:

Email:

DRIVER

Name:

ID No:

Address:

Tel No:

Mob No:

D.O.B:

Age:

Driving Licence:

Group:

Email:

Relationship with policy-holder:

ACCIDENT

Locality:

Reported to: Wardens

Police

F/R

Description of accident:

Plan of accident: *(draw a diagram showing position of vehicles at time of impact)*

WITNESS

Name:

ID No:

Address:

Tel No:

Mob No:

INJURY

Name:

ID No:

Address:

Tel No:

Mob No:

Injury:

IN MY OPINION

I

Third Party

Both

is/are responsible for the accident

THIRD PARTY DETAILS

Reg No:

Make/Model:

Insurer:

**Name
(Owner):**

ID No:

Address:

Tel/Mob No:

Email:

**Name
(Driver):**

ID No:

Address:

Tel/Mob No:

Email:

Repairer:

Address:

Damage:

Front

Rear

Left

Right

Underneath

Roof

All-over

Mechanical

Front

Rear

Left

Right

Underneath

Roof

All-over

Mechanical

Front

Rear

Left

Right

Underneath

Roof

All-over

Mechanical

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 or other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, email 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 GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by email to your email 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, GasanMamo Insurance Ltd., Msida Road, Gzira GZR 03.

DECLARATION

All communications relating to the accident must be forwarded immediately unanswered to the Company.

I/We declare that I have read this completed form and that the information given here is true and correct to the best of my/our knowledge/belief.

Policyholder:

Driver:

Date:

Date: