



Our Interest is You.

MOTOR ACCIDENT CLAIM FORM

Argus Insurance Company (Europe) Limited

This Claim Form is issued by the Malta Branch of Argus Insurance Company (Europe) Limited No. OC 1216, registered in Malta and licensed by the Malta Financial Services Authority (MFSA) to act as a third country branch of Argus Insurance Company (Europe) Limited, registered in Gibraltar No. 01862, licensed by the Gibraltar Financial Services Commission.

Trident Park, 8B Level 5
Notabile Gardens, Mdina Road
Central Business District Zone 2
Birkirkara CBD 2010, Malta

Tel: +356 2342 2000
Fax: +356 2342 2190

www.argus.mt
claims@argus.mt

Please complete in full the relevant sections and submit it to: Claims@argus.com.mt or Argus Insurance Company (Europe) Limited, Trident Park, 8B Level 5, Notabile Gardens, Mdina Road, Central Business District Zone 2, Birkirkara CBD 2010, Malta. Tel: +356 2342 2000. If any sections are not applicable please add N/A.

1. INSURED

Full Name:

Police No.:

Address:

Postcode:

Business Occupation:

Phone No. Home : Work:

Mobile No.: Email:

2. DRIVER

Name of Driver:

Address:

Postcode:

Date of Birth:

Phone No. Home: Work:

Business or Occupation:

Type of License Held: Full Provisional Copy attached?

Class of Licence: Date Test Passed:

Has he/she ever been convicted of a motoring offence? Yes No

If 'YES' what is the nature and date (s) of offence(s):



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3. VEHICLE

Make: Model: Cubic Capacity:

Year of Manufacture: Registration Number:

Give details of any:

(a) Hire Purchase or other type of loan agreement:

Name & Address of H.P. company or leasing company:

Agreement No.:

4. INSURED VEHICLE DAMAGE

Do you wish to make a claim for damage to your vehicle? Yes No

Estimate attached for the own repairs? Yes No

If 'YES' what is the amount? £

Name of proposed repairers: Telephone No.:

Address:

When and where can the vehicle be inspected:

5. THIRD PARTY DETAILS

Name of Third Party(ies):

Address(es):

Reg. No. of vehicle (if applicable): Name of Insurers:

Policy No:

Details of damage to Third Party(s):



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6. DETAILS OF PERSONAL INJURY

Names(s) and Address(es) of all Person(s) sustaining injury

If passenger in YOUR vehicle please put ✓ in 'P' box.

If any of the insured persons are in your employment please put ✓ in 'E' box.

Name: P E

Address:

Nature of Injuries:

Name: P E

Address:

Nature of Injuries:

Has any claim being made against you? Yes No

If is 'YES', please give details:

7. CIRCUMSTANCES OF ACCIDENT

Date of Accident: Time of Accident:

Precise location of accident:

Describe weather and road conditions:

Describe fully the purpose for which the vehicle was being used at the time of the accident:

Please describe fully how the accident occurred:



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[Large empty text area for claim details]

Who in your opinion was responsible for the accident?

Did the Police take particulars?

Yes No

If 'YES', give the name of the officer dealing with the case and the address of the Station:

[Empty text area for officer name and address]

Yes No

8. WITNESS DETAILS

1. Name of Witness:

[Text input field]

Address:

[Text input fields]

2. Name of Witness:

[Text input field]

Address:

[Text input fields]

3. Name of Witness:

[Text input field]

Address:

[Text input fields]

ARGUS

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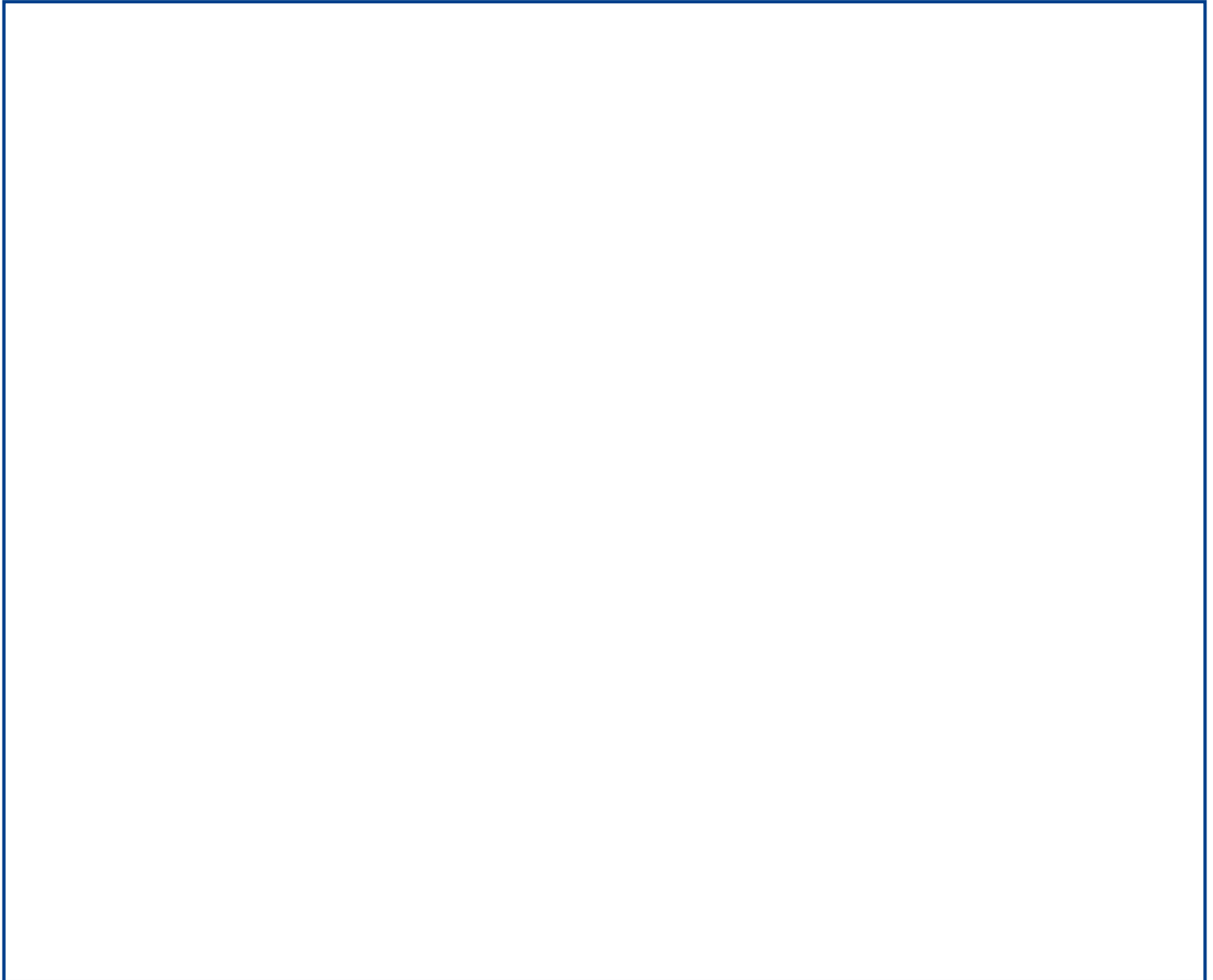
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9. SKETCH OF ACCIDENT

Please draw a rough sketch (with appropriate measurements) showing the position of the vehicles and persons and the direction in which they were moving



10. COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to the Complaints Officer at Argus Insurance Company (Europe) Limited, Trident Park, 8B Level 5, Notabile Gardens, Mdina Road, Central Business District Zone 2, Birkirkara CBD 2010. Email: claims@argus.mt Tel: +356 2342 200. If you are dissatisfied with the response you receive you should write to the Office of the Arbiter for Financial Services, St Calcedonius Square, Floriana; email: complaint.info@financialarbiter.org.mt Tel: +356 80072366 / +356 21249245



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11. GDPR - INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

12. PERSONAL DATA ON COMPUTER EQUIPMENT

So as to minimise the risk of any data being obtained by third parties, should any computer, smartphone or IT equipment be lost or damaged it is recommended that all personal data be removed, or equipment returned to factory settings and manufacturers or providers be informed where possible. Please also note that Argus Insurance Company (Europe) Limited, Malta Branch, cannot accept responsibility for any data on electrical equipment submitted to the company.

13. VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

14. DATA PROTECTION NOTICE

Processing of personal data is regulated by the General Data Protection EU 2016/679 together with other laws which relate to privacy and electronic communications. In this clause, we refer to these laws as to Data Protection Law"

During the course of our engagement with you it will be necessary for you to disclose certain personal data to us in order that we provide our services to you and to enable us to discharge the services agreed, to comply with related legal and regulatory obligations for other related purposes including updating and enhancing clients records and analysis for management purposes. This will require us to obtain, use, disclose and otherwise process personal data about you and, if applicable, your organisation, its shareholders members and/or officers and employees.

For clarity, Data Protection Law contemplates various grounds which may render processing of personal data lawful, including where it is necessary for a contract, mandate by law, it is in your legitimate interest (and does not override your policy, and/or if you give us your consent. Our Privacy Notice (which can also be accessed at www.argus.com.mt) or provided to you in hard copy upon request, explains how we process personal data. In providing our services we act as an independent data controller and are, therefore responsible for complying with Data Protection Law in respect of any personal data we process.

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14. DATA PROTECTION NOTICE

You are responsible for complying with Data Protection Law in respect of the personal data you process and, accordingly, where you disclose personal data to us you confirm and warrant that such disclosure is fair and lawful, that where applicable and necessary you have obtained lawful consent from others for you to pass on their personal data to us, to the Argus Group and third-parties to whom we disclose personal data (and for the Argus Group and said third-parties to share the personal data with us), and otherwise it does not contravene Data Protection Law. Nothing within this document relieves you of your own direct responsibilities and liabilities under Data Protection Law Terms used in this clause bear the same meanings as are described to them in Data Protection Law. This clause does not apply to the extent that we act as a data processor for you in which case specific data protection instructions are to be signed between us.

Basis Data Protection information

Controller: Argus Insurance Company (Europe) Limited, Malta Branch.

Purpose: Management of Insurance Agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with Argus Group and delivery of information and advertising on ARGUS Group, and delivery of information and advertising on Argus Group products and services.

Recipients: Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.

Rights: You can exercise your rights of access, rectification, removal, limitations, objection and transferability, specified in the Additional Data Protection Information.

Additional Information: You can view the Additional Data Protection Information which is available through our website www.argus.com.mt/privacy-policy

15. DECLARATION

I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make their admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Driver's Signature:

Proposer's Signature:

Date: