

### **EMPLOYERS LIABILITY 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 sudmit 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.

Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:	1. INSURED				
Policy No.:  Claim Number:  Limit of Indemnity:  Address:  Postcode:  ID No. /Co Reg. No.:  Business or Occupation:  Phone No. Home:  WAT:  Mobile No.:  Email:  2. EMPLOYEE DETAILS  Name of employee:  Date of Birth:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Time:	Full Name:				
Claim Number: Limit of Indemnity: Address:  Postcode: ID No. /Co Reg. No.: Business or Occupation: Phone No. Home: WAT: Email:  2. EMPLOYEE DETAILS  Name of employee: Date of Birth: Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment: Average net weekly wage:  3. DETAILS OF ACCIDENT  Date: Time:					
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Address:  Postcode: ID No. /Co Reg. No.: Business or Occupation: Phone No. Home: Mobile No.:  2. EMPLOYEE DETAILS  Name of employee: Date of Birth: Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:					
Postcode: ID No. /Co Reg. No.: Business or Occupation: Phone No. Home: Mobile No.:   2. EMPLOYEE DETAILS  Name of employee: Date of Birth: Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:					
ID No. /Co Reg. No.:  Business or Occupation:  Phone No. Home:  Mobile No.:   2. EMPLOYEE DETAILS  Name of employee:  Date of Birth:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage: €  3. DETAILS OF ACCIDENT  Date:  Time:	Address:				
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Phone No. Home:  Mobile No.:  Email:   2. EMPLOYEE DETAILS  Name of employee:  Date of Birth:  Age:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage: €  3. DETAILS OF ACCIDENT  Date:  Time:					
Mobile No.:  2. EMPLOYEE DETAILS  Name of employee: Date of Birth: Age: Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:		on:			
2. EMPLOYEE DETAILS  Name of employee:  Date of Birth:  Age:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:			\	/AT:	
Name of employee:  Date of Birth:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:	Mobile No.:		Eı	mail:	
Date of Birth:  Age:  Address:  Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:	2. EMPLOYEE D	ETAILS			
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Address:  Postcode: Occupation: Is he/she in your direct employment: How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:	Date of Birth:			Age	:
Postcode:  Occupation:  Is he/she in your direct employment:  How long has he/she been in your employment:  Average net weekly wage:  3. DETAILS OF ACCIDENT  Date:  Time:	Address:				
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How long has he/she been in your employment:  Average net weekly wage: €  3. DETAILS OF ACCIDENT  Date: Time:	Occupation:				
3. DETAILS OF ACCIDENT  Date: Time:				National Insurance No.	:
Date: Time:	How long has he/she been in your employment:			Average net weekly wage	: €
Date: Time:					
	3. DETAILS OF A	ACCIDENT			
Place:	Date:		-	Time:	
	Place:				



## EMPLOYERS LIABILITY CLAIM FORM Argus Insurance Company (Europe) Limited

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Describe what the employee was doing and how the accident happened:		
Nature and extent of injuries sustained:		
Has the accident been reported to the Health and Safety Executive?	Yes	No
Have they carried out an investigation?	Yes	No
Has the Employee regumed work?	Yes	No
Has the Employee resumed work?		
If so when? If not, what is the expected duration of the incapacity?		
If so when?  If not, what is the expected duration of the incapacity?		
If so when?  If not, what is the expected duration of the incapacity?		
If not, what is the expected duration of the incapacity?  To whom and when did the Employee report the accident?		
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If not, what is the expected duration of the incapacity?  To whom and when did the Employee report the accident?  4. WITNESSES		
If not, what is the expected duration of the incapacity?  To whom and when did the Employee report the accident?  4. WITNESSES		

#### 5. 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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#### 6. 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.

#### 7. 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 Agencies Ltd cannot accept responsibility for any data on electrical equipment submitted to the company.

#### 8. 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.

#### 9. DATA PROTECTION AND HOW WE PROCESS DATA

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 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 provide 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.

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. Noting 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 I which case specific data protection instructions are to be signed between us.



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#### **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

10. DECLARATION						
II / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.						
Signature of Insured:		Date:				