

# PERSONAL 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 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.

1. ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED						
Claim Number: Polic	Policy No.:					
Branch / Broker /TII:						
2. INSURED AND LOSS DETAILS						
2. INSURED AND EUSS DETAILS						
Title:						
Name and Surname of Policy Holder						
Address:						
Address at which incident Ocurred:						
I.D. Card: Passpor	Passport No.:					
Tel / Mob No.:						
Email Address:						
Status of the Injured Person: Single Married Sep	parated Divorced					
If Married, is Spouse in a Full Time Employment: Yes No						
VAT Reg. No: Business Occupation	on:					
Date and Time Accident:						
Description of Incident:						
Nature of Injure / illnes						
Name and Address of Doctor Who Attended:						
Has a Similar Injury / Illnes Been Sustained Before? Yes No						
if so When?						
Name and Address of Usual Doctor:						



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# 3. LAW APPLICABLE CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated in the Maltese Islands), the law which will apply is the law of Malta.

# 4. 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

# **5. 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.

#### 6. VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS

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, Malta Branch, Suite 5, Tower Business Centre, Tower Street, Swatar, BKR4013. Email address: complaints@argus.com.mt Tel: +356 23422000. 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

### 7. 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.



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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.

#### **Basis Data Protection information**

Controller:	Argus Insurance	Company	(Furone)	) Limited	Malta	Branch
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**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.

# 8. DECLARATION

I / We declare that the foregoing particulars to be true and 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 advice in relation thereto.

I hereby declare that the above answers and particulars are true and complete in every respect.

Insured Signature:	Date:	