



MOTOR ACCIDENT CLAIM FORM

Argus Insurance Company (Europe) Limited
Suite 5, Tower Business Centre,
Tower Street, Swatar,
BKR 4013

claims@argus.mt
www.argus.mt
Tel: +356 23422000

Please complete in full the relevant sections and submit to claims@argus.mt or:
Argus Insurance Company (Europe) Limited, Suite 5 Towers Business Centre, Tower Steet,
Swatar, BKR 4013

Should any section of this form not be required please simply add N/A or leave blank

INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

Phone No. Home:

Mobile No.

Work:

E-mail:

DRIVER

PLEASE ENSURE A COPY OF DRIVING LICENSE IS ATTACHED

Name of Driver:

Address:

Postcode:

Date of Birth:

Age of Driver:

Phone No.:

Business or Occupation:

Mobile:

Type of Licence Held:

Full

Provisional

A Copy Must Be Attached

Class of Licence:

License Valid Until:

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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VEHICLE

Make: [] Model: []
Year of Manufacture: [] Registration Number: []
Give details of any:
Hire Purchase or other type of loan agreement []
Name & Address of H.P. company or leasing company: []
[]
[]
[] Agreement Number: []

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' Do you know how much? If unsure add N/A € []

Name of proposed repairers: [] Telephone No.: []

Address: []
[]

When and where can the vehicle be inspected: []
[]

THIRD PARTY DETAILS (IF APPLICABLE)

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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DETAILS OF PERSONAL INJURY (IF APPLICABLE)

Name(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 the '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 'Yes', please give details:

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 or theft occurred:



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Do you accept liability for the accident?

Who was the accident reported to? (Tick where appropriate)

- Police Report Report Number: _____ Police Station: _____ Officer No: _____
- Wardens Report Report Number: _____
- Bumper to bumper form Signed by both Parties? Yes No

WITNESS DETAILS (IF APPLICABLE)

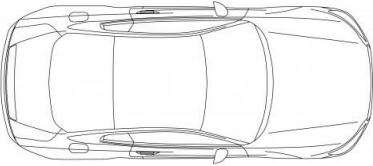
1. Name of Witness: _____
 Address: _____
 Telephone No: _____

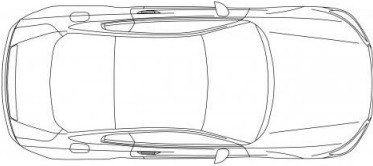
2. Name of Witness: _____
 Address: _____
 Telephone No: _____

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.
If you have any photographs, please attach any copies.

Please also indicate area of damage to vehicle(s) on the images below:


Insured vehicle


Third Party



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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 Agencies Limited, Suite 5, Tower Business Centre, Tower Street, Swatar, BKR4013. Email address: complaints@argus.mt. Tel: 23422000. If you are dissatisfied with the response you receive you should write to the Office of the Arbitrator for Financial Services, St Calcedonius Square, Floriana; email: complaint.info@financialarbiter.org.mt Tel: 80072366/21249245

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.

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) Ltd cannot accept responsibility for any data on electrical equipment submitted to the company.

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.



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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.

Signature of Insured:

Date:

Signature of Driver:

Date:

Kindly attach a copy of your driving license