

## Motor Insurance Claim Form

### IMPORTANT NOTES

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form together with other information relating to the claim, may be provided to other Insurers, their Agents and Insurance Associations.

THE ISSUING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE COMPANY. ALL QUESTIONS MUST BE FULLY ANSWERED. TICKS AND DASHES ARE NOT SUFFICIENT.

Claim no.:	Policy no.:
Type of Cover:	Policy Period:

### 1. POLICY HOLDER'S DETAILS

Title:	Name & Surname of policyholder:
Address:	
I.D. card no.:	Business or occupation:
Tel/Mob. no.:	E-mail:
VAT reg. no.:	VAT status:

### 2. DRIVER'S DETAILS

Name & Surname of driver:	
Address:	
I.D. card no.:	Business or occupation:
Tel/Mob. no.:	E-mail:
Date of birth:	Licence group:
Licence no.:	Date of expiry:
Relationship with policyholder:	Occupation:
Was driver using vehicle with policyholder's permission? YES <input type="checkbox"/>   NO <input type="checkbox"/>	

Details of previous accidents:

### 3. VEHICLE'S DETAILS

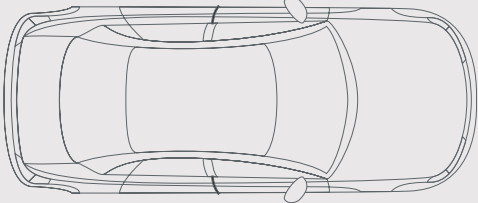
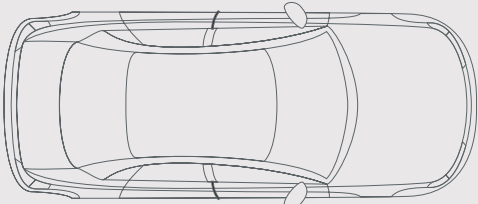
Registration no.:	Year of manufacture:
Make and model:	
Is the vehicle subject to a Hire Purchase Agreement? YES <input type="checkbox"/>   NO <input type="checkbox"/>	
If "YES", give full details and address:	
Repairer:	Survey Date:

### 4. PARTICULARS OF ACCIDENT

Date:	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Vehicle use: <input type="checkbox"/> Business <input type="checkbox"/> Private	Location:
Estimated speed of vehicle at time of accident: <input type="text"/> Kph <input type="text"/> Mph	
Accident was reported to <input type="checkbox"/> Wardens <input type="checkbox"/> Police <input type="text"/>	Report no. <input type="checkbox"/> Front to rear
State of road/road surface <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Flat	
Were seat belts being worn by Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Passenger <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of passengers/witnesses:	
Address of passengers/witnesses:	
How did the accident or theft happen?	
Who do you consider was at fault? <input type="checkbox"/> Myself <input type="checkbox"/> Other <input type="checkbox"/> Driver <input type="checkbox"/> Both <input type="checkbox"/> Other party	

### 5. SKETCH PLAN OF ACCIDENT

Please draw a plan of the accident showing scene of accident, road widths, road signs and position of vehicles. Indicate with an arrow the direction in which the vehicles were travelling.

	Show the damaged areas to own vehicle: 
	Show the damaged areas to third party vehicle: 

## 6. THIRD PARTY DAMAGE

	Third Party 1	Third Party 2	Third Party 2
Name and Surname:			
I.D. card no.:			
Address:			
Tel no.:			
Registration no.:			
Make and model:			
Damages:			
Insurer:			
Repairer:			
Survey date:			

## 7. PERSONAL INJURIES

Name and Surname			
Type of injury			
Injured party			
Vehicle reg no.			

## PAYMENT DETAILS - *Let us know your bank account details for processing of payment*

Use the bank details below for this and future claims YES <input type="checkbox"/>   NO <input type="checkbox"/>
IBAN:
Account Holder Name:

#### DATA PROTECTION

Mapfre Middlesea p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001 Mapfre Middlesea p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Mapfre Middlesea p.l.c. is compliant with this Act, a copy of which is available on request.

#### DECLARATION

I/We hereby declare that, after checking all details, the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I understand that in the event of an incomplete and/or non-disclosure of material information, MAPFRE Middlesea p.l.c reserves the right to repudiate the claim. Furthermore, I declare that I have not withheld any information relevant to the claim and assume full responsibility for the statements being made.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Date:

Signature of Policyholder:

Signature of Driver:

DOC.NO.BMTRCF-V1.0-010923  
COM. NO. MMS080523/1

Bonnici Insurance Agency Ltd (C-8614) is enrolled under the Insurance Distribution Act to act as an Insurance Agent for MAPFRE Middlesea p.l.c. (MMS). MMS (C-5553) is authorised by the Malta Financial Services Authority (MFSA) under the Insurance Business Act. Both entities are regulated by the MFSA.