

Motor Vehicle Accident Report

 Claim No. Policy No. Agent or Broker

Details of Insured Policyholder

 Name ID No.
 Address (incl. Post Code) Tel No. Work
 Home
 Cellular
 VAT No. E-mail Occupation

Details of Driver

 Driver's License No.* Date of Issue Group

*You are requested to provide us with a copy of the Driver's Licence

If Insured was not driving at time of accident complete the following:

 Driver's Name ID No. Age
 Address (incl. Post Code) Tel No. Work
 Home
 Cellular

 Was driver using vehicle with owner's consent? Yes No

 Was driver in the Insured's employ at the time of the accident? Yes No

Details of Vehicle

 Registration Mark Make and Model C.C.

 Insured's estimate of Motor Vehicle Value Year of Manufacture Tonnage

 Is any Hire Purchase Agreement in force in respect of the vehicle insured? Yes No

 If **Yes** please state name of finance company

Details of Accident

 Date of Accident Time of Accident a.m. p.m.

 Place of Accident Town

 Speed of vehicle at time of accident kph/mph Number of passengers in vehicle at time of accident

 Police station to which accident reported Police/E Tars No.

 Warden called on site Weather and road conditions

 Details of any witness (Name, Address, Tel No.)

 Description of accident (incl. details of warning/signal given by both parties)

Whom do you consider to blame for the accident

Self Other Party Both

Sketch plan (draw diagram showing positions on road at point of impact and directions of vehicles just before accident)

	Office Use Only
	Driver Fault Chart
	Case Ref: <input style="width: 150px;" type="text"/>
	Liability
	Ins <input type="checkbox"/> T.P. <input type="checkbox"/> Both <input type="checkbox"/>

Nature of Damages – Insured Vehicle

Repairer:

Mark all damages, blemishes etc.

Mark all damages, blemishes etc.

Nature of Damages/Injuries – Third Party (ies)

	Particulars	Make/Reg. Mark of vehicle	Insurer	Damages/Injuries	Repairer
Name:					
ID No:					
Address:					
Tel No:					
VAT No:					
Name:					
ID No:					
Address:					
Tel No:					
VAT No:					

Data Protection Statement

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'Us', 'Our', 'We') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter 'Others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about you and Others for purposes which include carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our business including:

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;

- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from Our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting Our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and Others may lodge a complaint with us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

If you wish to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <https://www.atlas.com.mt/legal/data-protection/>.

Signature of Insured

Date

Signature of Driver

Date