

Motor Insurance

YOUR WORLD | OUR COVER



INSURANCE CLAIM FORM

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

SECTION 1: POLICYHOLDER(S):

Name and Surname:

Company Name:

Co. Reg. No.:

Policy Number:

Policy Period:

Address:

Date of Birth:

Mobile:

Telephone:

Email:

Are you VAT registered?

Yes

No

VAT number:

I.D. Card Number / Passport Number:

Issued at:

Date of Issue:

Occupation:

Excess:

SECTION 2: THE DRIVER:

Name and Surname:

Address:

Telephone number of Driver:

Have you been involved in a traffic accident/s in the last 4 years?
If 'Yes', please give details:

What is your relationship with the Policyholder?

Date of Birth:

Age:

I.D. Card Number:

Occupation:

Driving Licence Number:

Type of Driving Licence Held:

Date of First Issue:

Where you driving the vehicle with the policyholder's permission?

Have you ever incurred penalty points? If yes, how much?

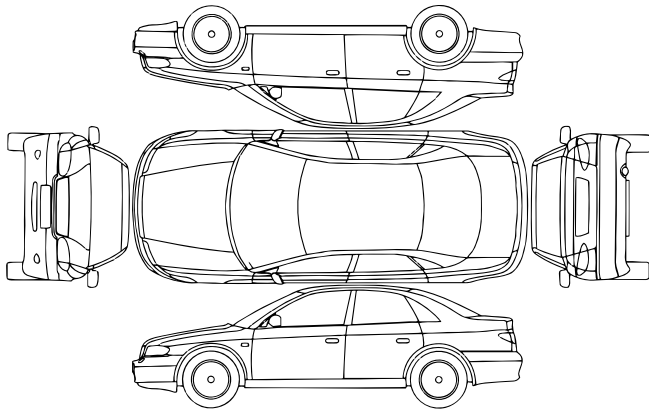
Are you employed with the policyholder?

SECTION 3: INFORMATION ON YOUR INSURED DAMAGED VEHICLE:

	Yes	No
Is the vehicle drivable?	<input type="checkbox"/>	<input type="checkbox"/>
Has the vehicle been towed from site of accident?	<input type="checkbox"/>	<input type="checkbox"/>
Have airbags been deployed?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any glass / screens damaged or broken?	<input type="checkbox"/>	<input type="checkbox"/>
Have wheels been damaged in accident?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any liquids/oil/ water visible leaks at scene of accident?	<input type="checkbox"/>	<input type="checkbox"/>
Any difficulties to open doors/tailgate/bonnet? (In connection with accident)	<input type="checkbox"/>	<input type="checkbox"/>
Does the repairer have the facilities to lift up vehicle and perform a complete survey?	<input type="checkbox"/>	<input type="checkbox"/>
Any comments or any difference in vehicle behaviour (from time of accident)?	<input type="checkbox"/>	<input type="checkbox"/>

Is a hire purchase agreement in force on the vehicle? If so, please state name of hire purchase company.

Details of repairer:

DAMAGE SUSTAINED:

Registration Number:

Sum Insured:

Make:

Model:

Company:

Year of Manufacture:

Engine Capacity:

Logbook
(to be attached to Claim form)

Repairer Details:

Damage Sustained:

Front <input type="checkbox"/> Front Bumper <input type="checkbox"/> Front Grille <input type="checkbox"/> Bonnet <input type="checkbox"/> Front Windscreen <input type="checkbox"/> Front Right Door <input type="checkbox"/> Front Left Door <input type="checkbox"/> Right Headlamp <input type="checkbox"/> Left Headlamp	Rear <input type="checkbox"/> Roof <input type="checkbox"/> Rear Windscreen <input type="checkbox"/> Tailgate Door <input type="checkbox"/> Rear Bumper <input type="checkbox"/> Rear Tailgate <input type="checkbox"/> Rear Right Panel <input type="checkbox"/> Rear Right Door <input type="checkbox"/> Rear Left Door <input type="checkbox"/> Rear Left Panel	Left <input type="checkbox"/> Left Mirror <input type="checkbox"/> Left Sideskirt <input type="checkbox"/> Left Tail Light <input type="checkbox"/> Left Mudguard Right <input type="checkbox"/> Right Mirror <input type="checkbox"/> Right Sideskirt <input type="checkbox"/> Right Tail Light <input type="checkbox"/> Right Mudguard	Tyres <input type="checkbox"/> Front Left Tyre <input type="checkbox"/> Rear Left Tyre <input type="checkbox"/> Front Right Tyre <input type="checkbox"/> Rear Right Tyre
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SECTION 4: THE ACCIDENT:

Date of accident:	Time:	Weather Conditions:
Place of accident	Street:	Town:
		Country:
Number of lanes:	Condition of road:	Estimate speed:
Character of Road:		
T-Junction <input type="checkbox"/>	Straight <input type="checkbox"/>	One way <input type="checkbox"/>
Dual Carriage <input type="checkbox"/>	Roundabout <input type="checkbox"/>	
Brakes Makes:		
Are you accepting liability for this accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the accident reported to the Police/Wardens?:		Warden report reference number:
Give name and number of officer taking report:		
Name/s and address/es of any independent witnesses:		
1 st Witness name:	ID number:	Address:
2 nd Witness name:	ID number:	Address:
Name/s and address/es of passengers in your vehicle:		
1 st Passenger's name:	ID number:	Address:
2 nd Passenger's name:	ID number:	Address:
3 rd Passenger's name:	ID number:	Address:
Description of accident:		

SECTION 5: DETAILS OF ANY INJURED PERSONS:

Name/s and address/es of any injured person/s:

1st injured person's name: ID number: Address:

2nd injured person's name: ID number: Address:

Nature of injuries:

Was any injured person admitted to hospital/clinic? Yes No

If 'Yes', please state which hospital/clinic:

SECTION 6: DETAILS OF THIRD PARTY:

Name and Surname: Company:

Address:

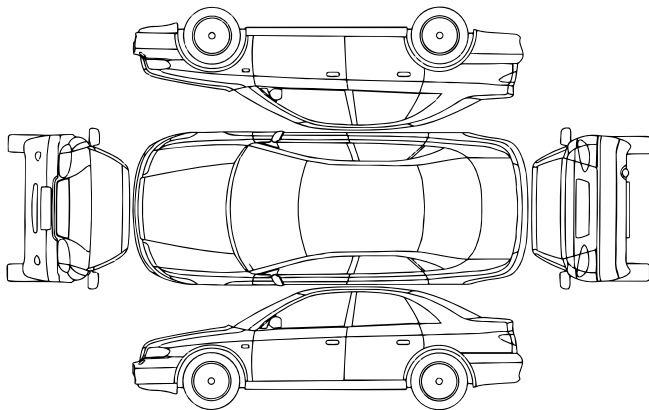
Are you VAT registered? Yes No VAT number:

Identity Card Number: Company Registration Number:

Telephone Number: Email Address:

Insurers: Policy Number:

Damage Sustained:



Registration Number:

Make:

Model:

Year of Manufacture:

Engine Capacity:

Repairer Details:

Hire purchase agreement
in force?Yes No

Company Name:

SECTION 7: SKETCH PLAN OF ACCIDENT:**PAYMENT INSTRUCTIONS:**

Please complete bank details below in order to receive payment directly into your bank account. We can only make payments to bank accounts that are within the Single Euro Payments Area (SEPA).

Account Holder's Name: _____

IBAN number:

BIC / SWIFT code: _____

Please send a notification of payment to this e-mail address: _____

Signature: _____

Date: _____

The above information will be processed by Citadel to provide you with the direct credit service. Such information will not be shared with third parties unless for the purpose of providing you with a comprehensive service. For further information, please refer to the privacy notice on our website: <https://www.citadelplc.com/en/privacy-policy>.

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

DATA PROTECTION NOTICE

Citadel Insurance p.l.c. and its subsidiaries (hereinafter "Citadel") are the data controllers of the information submitted in respect of this claim, whether submitted in writing or verbally, and such data is subject to the full terms and conditions of Citadel's Data Protection Notice, which may be found in the policy document.

I / We understand that the information received by Citadel about me/us in respect of this claim is necessary for Citadel to properly assess, defend and/or settle this insurance claim, and is therefore necessary for the purpose of performing its contractual and legal obligations towards me/us. Citadel may also process this data to assess risk, underwrite future contracts of insurance, collect premiums and submit other bills, and assess and respond to my/our queries. Furthermore, the data may be processed by Citadel to adhere to its legal obligations, such as to keep proper accounting records and to detect and report crime (including insurance fraud), and to safeguard its legitimate interests.

I / We further understand that my/our personal data is received by Citadel, or an insurance intermediary on Citadel's behalf, and it is disclosed, only when necessary, with Citadel's employees, insurance intermediaries, external consultants and legal advisors, loss adjusters and surveyors, repairers, healthcare professionals, the Malta Insurance Association and insurance and reinsurance companies, among others. Citadel may, therefore, receive data about or relating to me/us from these third parties and others.

I / We further understand that Citadel retains my/our personal data only for as long as it is necessary for the purposes outlined above, unless a longer retention period is required or permitted by law. I/we, as a data subject, have the right to access my/our data, amend it to the extent that it is inaccurate, object to direct marketing and to the processing of data, request the erasure of data, or to have the data transferred to another controller, make a complaint to the Information and Data Protection Commissioner, among other rights. The exercise of such rights may be subject to certain conditions and limitations.

In case of queries, or to exercise my/our rights, I/we may contact Citadel on (+356) 2557 9000 or on dpadmin@citadelplc.com or Citadel's Data Protection Officer on (+356) 2759 5000 or on dpo@citadelplc.com.

The full Data Protection Notice may be requested at any time, and is available on our website.

DECLARATION

1. I / We the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. Any communication regarding Third Party injuries or damage which I/We may receive will not be answered but forwarded immediately to Citadel Insurance p.l.c.

KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes No

I / We have read and understood the Important Notice, Data Protection Notice, Declaration, and any other information relating to my/our rights.

SIGNATURE OF INSURED:

ID CARD NUMBER:

DATE: DD / MM / YYYY

SIGNATURE OF DRIVER:

ID CARD NUMBER:

DATE:

DD / MM / YYYY

NAME AND SURNAME OF INTERMEDIARY:

Motor Insurance

YOUR WORLD | OUR COVER

INSURANCE CLAIM FORM

Citadel Insurance p.l.c. *Branches:*

Birkirkara | 2148 0545

Haż-Żebbuġ | 2146 4873

In-Naxxar | 2141 9198

Il-Mosta

Iż-Żejtun

Paola

| 2143 8880

| 2180 7779

| 2180 6247

Ta' Xbiex

Il-Mellieħa

Victoria, Gozo

| 2133 6911

| 2152 5232

| 2156 6660



Floriana | 2557 9000 - Freephone | 800 72322



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Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.
