

MOTOR INSURANCE - CLAIM FORM

Insurer

Policy No.

THE POLICY HOLDER

Name in full

Date of birth ID No.

Occupation

Place of work

Address
(including postcode)

Landline No. Work tel. No.

Mobile No. Fax No.

Email address Driving license No.

THE DRIVER (This section does not need to be filled in if the driver is the policy holder)

Name in full

Date of birth ID No.

Occupation

Place of work

Address
(including postcode)

Landline No. Work tel. No.

Mobile No. Fax No.

Email address Driving license No.

Was the driver driving with the policy holder's permission? Yes No

Was the driver in the policy holder's employ at the time of loss? Yes No

THE MOTOR VEHICLE

Make *e.g. Volkswagen* Model *e.g. Golf*

Body type Registration mark

Engine C.C. Colour

Engine No.

Chassis No.

Year of manufacture

Is the vehicle subject to a Hire Purchase Agreement? Yes No

If "Yes", please state the name of the finance company

DETAILS OF ACCIDENT

Date of loss Time of loss

Place of accident Town

Approximate speed km/hr No. of pass.

Front to rear collision? Yes No

Reported to wardens? Yes No Warden's report No.

Reported to police? Yes No Police station

Weather and road conditions

Describe the accident:

Whom do you consider responsible for the accident?

Self Other party Both

BODILY INJURIES DETAILS

Injured person
(name & address)

ID No. Email address

Landline No. Mobile No.

Occupation Place of work

Injuries

Has/have the injured person/s been hospitalised? Yes No

WITNESS'S DETAILS

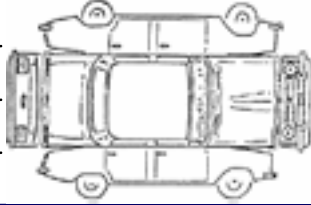
Witness
(name & address)

ID No. Date of birth

Landline No. Mobile No. Tick if witness was a passenger

REPAIRER'S DETAILS (OWN VEHICLE)

Detail the damage to your vehicle:

<p>.....</p> <p>.....</p> <p>.....</p>	
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Repairer

(name and address)

Landline No.

Mobile No.

THIRD PARTY DETAILS

Third party

(name and address)

Make *e.g. Volkswagen*

Model *e.g. Golf*

Body type *e.g. Saloon*

Registration mark

Year of Manufacture

ID No.

Landline No.

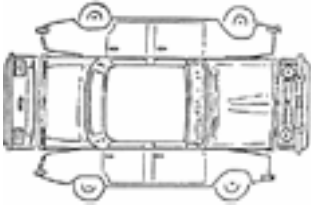
Work tel. No.

Mobile No.

Email address

REPAIRER'S DETAILS (THIRD PARTY VEHICLE)

Detail the damage to the Third Party Vehicle:

<p>.....</p> <p>.....</p> <p>.....</p>	
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Repairer

(name and address)

Landline No.

Mobile No.

DECLARATION

I / We declare that to the best of my/our knowledge the statements made on this form are true and correct.

Signature of insured

Date

Signature of driver

Date

OTHER DETAILS

A large rectangular area with a blue border and horizontal dotted lines, intended for providing additional details.



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