

Motor Claims Department
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Claim No.

For office use only

MOTOR CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE FILLING OF THIS FORM

The cost of your claim will be delayed if the applicable excess is not deposited on claiming. The cost of hiring a replacement vehicle is not covered by the policy and must be claimed from the responsible driver. Policy Holders with a Third Party Fire & Theft Policy are restricted to Loss or Damage Claims to their own vehicle arising from fire or theft (subject to the terms of the policy). Policy Holders with a Third Party Only Policy are not covered for any loss or damage to their vehicle. All correspondence notifying a claim against the Policy Holder must be sent to the Company unanswered. Writs or Summons should also be sent to the Company immediately. The submission of a bogus or exaggerated claim, in whole or in part, or of any false documentation or statement in support of a claim may invalidate the whole claim and lead to your policy being declared void.

INSURED DETAILS

Policy No.		Cover from:		to:	
Name		I.D./Passport No.		Contact Nr/s	
Address					
Occupation		VAT No. (if Registered)		E-Mail Address	
Cover Type:	COMP	TPFT	TPO	Excess €	Drivers Over: 18 21 25

ACCIDENT DETAILS

Date	Time	Place of Accident	Reported to Authorities?
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VEHICLE DETAILS

Make, Model, Colour & C.C.			Date First Registered		
Changes, additions, modifications or alterations to the maker's standard design or specification of the vehicle no matter how apparently trivial? If yes, give details:					
Registration No.	Value	Mileage	No. of doors	Owner Name	
Is a Hire Purchase or Leasing company interested in the vehicle? If yes, give details:					

USE OF VEHICLE

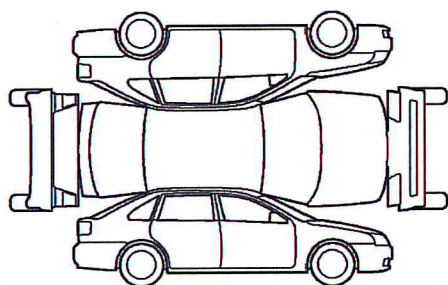
Please state (tick) the purpose for which the vehicle was being used at the time of the accident:					
Pleasure	Business	Other Business	Commercial Travelling	Motor Trade	Hire or Reward
Were goods being carried? If so, for what purpose?					
State:					
1. Nature of goods: _____					
2. Whose where they: _____					
3. Weight of Load: _____ Vehicle Tonnage: _____					
State whether trailer or machinery were towed?			Number of passengers carried in the vehicle?		

DRIVER DETAILS

Name		Date of Birth	I.D./Passport No.	Contact Nr/s
Address				
Occupation		Driving Licence Classes	E-Mail Address	
Licence No.	Date of Issue	Expiry	If employee of the Policy Holder, state how long	
How long has he regularly driven this type of vehicle?			Was he acting with your knowledge and consent?	
Accidents - last 3 years			Traffic offenses/convictions - last 3 years	
Physical defects			Has he ever been declined or refused motor insurance?	

DAMAGE TO INSURED VEHICLE

Kindly indicate damaged parts on diagram with an 'X'



Repairer

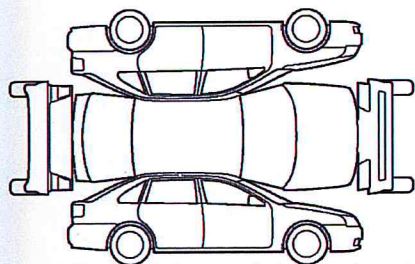
Estimated cost of repairs €

Is vehicle still in use?

THIRD PARTIES INVOLVED

DAMAGE TO THIRD PARTY VEHICLE

Kindly indicate damaged parts on diagram with an 'X'



Make and model of vehicle

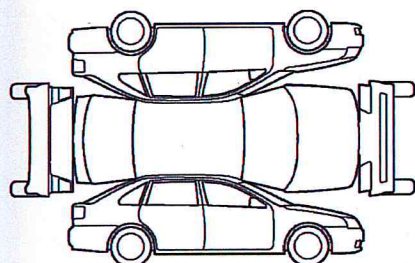
Name and address
of owner

Name and address
of driver

Insurance company and
policy number

DAMAGE TO THIRD PARTY VEHICLE

Kindly indicate damaged parts on diagram with an 'X'



Make and model of vehicle

Name and address
of owner

Name and address
of driver

Insurance company and
policy number

WITNESES

Name

Was this witness a passenger in your vehicle?

Address

Name

Was this witness a passenger in your vehicle?

Address

DRIVER'S STATEMENT

DESCRIPTION OF ACCIDENT

State of weather

State of road

Insured vehicle speed

Third Party vehicle speed

What lights were used? If headlights, state if dipped or full beam

SKETCH

Show position of vehicles, persons or obstacles. Mark names and widths of roads, brake signs/marks or anything having a bearing upon the accident.

Before Accident

After Accident

PERSONS INJURED (including own passengers)

Name

Age

Injuries

Occupation

Address

Name

Age

Injuries

Occupation

Address

Name

Age

Injuries

Occupation

Address

CLAIM FOR LOSS DUE TO FIRE OR THEFT

CIRCUMSTANCES OF LOSS

Date of loss	Place of loss	Where was vehicle last seen?
When was loss discovered?	When and how was loss reported to the police?	
Were any precautions taken to prevent the loss?		

IF ACCESSORIES AND/OR PARTS WERE STOLEN, PLEASE COMPLETE THE FOLLOWING

Full description of accessories and/or parts (supply purchase receipt, if available)	Date Purchased	Cost Price	Replacement Cost	Allowance for De- preciation (wear and tear)	Net Amount Claimed

IF THE VEHICLE WAS RECOVERED, PLEASE COMPLETE THE FOLLOWING

When and where was vehicle found?	
How was the recovery brought to your attention?	
Nature of damage	Estimated cost of repair €
Is the vehicle still in use?	If not, where is the vehicle now?

DOCUMENTS REQUIRED

Please supply items **1 to 4** with this form **in all cases**. Items **5 to 7** should also be supplied where vehicle is not recovered or if damaged beyond economical repair. If the documents are not available, you should **obtain duplicates**. The provision of these will assist in the valuation of your vehicle and early settlement.

1. Your driving licence and driving licence of person last in charge of the vehicle.
2. Front-to-rear form and/or warden's report number or police report number.
3. Photos and/or other evidence of the accident and damages caused.
4. Registration documents and log book.
5. Vehicle keys with spare set.
6. Purchase receipt of the vehicle. If unavailable, indicate the date when the vehicle was purchased, amount paid and name and address of person from whom you purchased the vehicle.
7. Recent photographs of the vehicle in its pre-accident condition if available.
8. Hire purchase or leasing agreement, if applicable.

IMPORTANT NOTE

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 of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations. You are reminded that the policy conditions require that every letter, claim, writ summons and process must be notified and forwarded to the Company immediately on receipt. You must also advise us of any possible Third Party injury claim/s as well as any pending prosecution, inquest or legal action of any nature. Do not attempt to deal with any third party claim yourself or make any offer of payment or admission of liability.

DECLARATION

I/We declare that to the best of my/our knowledge and belief all the information given and statements made are true and correct. In compliance with the policy conditions, I/We will forward all correspondence relating to this claim to the Company immediately upon receipt. I/We understand that you may seek information from other Insurers to check the answers given above. I/We acknowledge that Laferla Insurance Agency Ltd. or any of its associated companies (including its principals) may process the personal data that I/We provide in accordance with the Data Protection Act Cap 440 and with the Data Protection Policy of the Company. I/We acknowledge that I/We have the right to request access to and rectification of such data as processed by Laferla Insurance Agency Ltd. or any of its associated companies. Any such request must further be signed by myself as the entity to whom the personal data relates. I/We hereby accept / do not accept responsibility for damages caused.

Insured's Signature _____ Driver's Signature _____ Date _____