

SECTION 8: DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on/in this form for all or any of the following purposes:

1. the proper performance of your contract of insurance, particularly the settling of claims or paying other benefits pursuant to your contract of insurance,
2. underwriting of subsequent insurance proposal forms which you may lodge with the Company;
3. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
4. establishing, exercising or defending any legal action;
5. internal management, research and statistics, systems administration and the development and improvement of our products and services;
6. the protection and promotion of our legitimate interests and the proper conduct of our business;
7. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and sub-agents or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and sub-agents, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in Point 7.

Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of Point 7.

Every field on the form is mandatory. Should any field be inapplicable to your particular circumstances please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

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.

I do not consent to direct marketing

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

Signature of Insured:

ID Card No:

Date:

Signature of Driver:

ID Card No:

Date:

Citadel Insurance p.l.c.

Casa Borgo • 26 Market Street • Floriana • Malta
Tel: 2557 9000 • Fax: 2557 9550

Email: info@citadelplc.com • www.citadeldirect.com

Branches: Ġzira • Naxxar • Paola • Haż-Żebbuġ

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MOTOR INSURANCE CLAIM FORM


Citadel
insurance

Citadel Insurance p.l.c. is authorised to carry on business of insurance and to provide investment services and is regulated by the MFSA.

MOTOR INSURANCE CLAIM FORM

SECTION 1: POLICYHOLDER(S)

Name and Surname:		Client Account Number:	
Company Name:		Co. Reg. No.:	
Policy Number:		Policy Period:	
Address:			
Date of Birth:	Mobile:	Telephone:	E Mail:
Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	VAT Number:	
I.D. Card Number or Passport Number:		Issued at:	Date of issue:
Occupation:		Excess:	

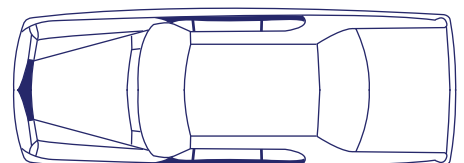
SECTION 2: THE DRIVER

Name:		
Address:		
Telephone number of Driver:		
Have you been involved in a traffic accident/s in the last 3 years? If 'Yes', please give details:		
What is your relationship with the policyholder?		
Date of Birth:	Age:	Identity Card Number:
Occupation:		
Driving Licence number:	Type of Driving Licence held:	Date of first Issue:
Were you driving the vehicle with the policy holder's permission?		
Are you employed with the Policyholder?		

SECTION 3: THE MOTOR VEHICLE

Make and Model:	Reg. No:
Year of Manufacture:	Engine Capacity:
Is a hire purchase agreement in force on the vehicle? If so, please state name of hire purchase company.	Sum Insured:

Description of Damage:



Mark damaged area on the sketched vehicle.

Details of the repairer:

SECTION 6: DETAILS OF THIRD PARTY

Name:

Address:

Are you VAT registered?

Yes

No

VAT Number:

Identity Card Number:

Company Registration Number:

Telephone Number:

E-mail Address:

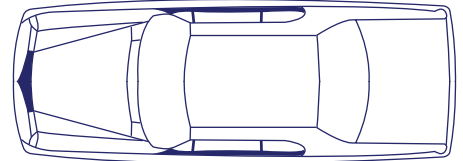
Make of Vehicle:

Registration Number:

Insurers:

Policy Number:

Damages sustained:



Mark damaged area on the sketched vehicle.

Details of repairer:

Claim Number:

SECTION 7: SKETCH PLAN OF ACCIDENT