



Policy Number	Claim Number		Completed by		
1. POLICY HOLDER'S DETAILS					
Name and surname/ Company name		ID number / Co. Reg. Number			
Address		VAT Reg. Number (if applicable)			
		Mobile / Telephone Number			
Occupation		Email Address			
2. DETAILS OF DRIVER					
Name and surname		ID number			
Address		Mobile / Telephone Number			
		Email Address			
Occupation	Date of Birth	/ /	Relationship to Policyholder		
Were you driving under the influence	ce of alcohol?		20 1 0110/1101001	Yes 🔘	No 🔾
Are you the owner of the vehicle?				Yes 🔘	No 🔾
Have you (the driver) had any accide	ents, loss or claims during the	past 5 years?		Yes 🔘	No 🔾
Witness Yes No No	If 'Yes' please give details				
Have you (the driver) had any convi	ctions/offences in connection	with a motor vehicle du	ring the past 5 yea	rs? Yes 🔾	No 🔾
Driving Licence Yes No No	Expiry / /	Suspended	Never Had	Group	
Additional Details					
3. ACCIDENT DETAILS					
Date of Accident / /	Time of Accident  Number of passeng	orc	Place of Acciden	t	
Registration Number	excluding driver	Make and			
Which authorities were informed? Police Wa		Responsibility Self for accident:	Other Party Bo	th Undecid	ed
*Sketch Plan (draw diagram showing position impact and direction of vehicle		*Description of acci	dent		
**If the above space is not enough please tick the box	and complete a Supplementary Claim Form.				

Elmo Insurance Ltd, Abate Rigord Street, Ta' Xbiex, XBX 1111, Malta | T: 2343 0000 | info@elmoinsurance.com | www.elmoinsurance.com | www.elmoinsurance.com | Elmo Insurance Limited (C-3500) is registered in Malta. Authorised to carry on general insurance business in terms of the Insurance Business Act (Chapter 403 of the Laws of Malta) and regulated by the Malta Financial Services Authority.

## 4. NATURE OF DAMAGES - INSURED VEHICLE OWN DAMAGE THIRD PARTY 1 THIRD PARTY 2 THIRD PARTY 3 Mark all damages, blemishes, etc. Mark all damages, blemishes, etc. Mark all damages, blemishes, etc.

## 5. NATURE OF DAMAGES/INJURIES - THIRD PARTY(IES)

	THIRD PARTY 1	THIRD PARTY 2	THIRD PARTY 3
Policy Holder's name			
Registration number			
Make and Model			
Insurer / Type of Cover			
ID Number			
Address			
Mobile / Telephone Number			
Email Address			
Driver's name			
ID Number			
Mobile / Telephone Number			

## 6. DATA PROTECTION STATEMENT

Elmo Insurance Limited is committed to protect the security of your personal data and to ensure that your rights according to Data Protection Legislation are safeguarded. You may access our Data Protection Notice through the following link: www.elmoinsurance.com/online-security

## 7. DECLARATION

I have read and understood the Data Protection Notice. I declare that to the best of my knowledge and belief, the statements and information provided by me in this form are true, accurate and complete and that I have not withheld any material information from Elmo Insurance Limited. I understand that if any information provided by me in this claim form is incorrect or incomplete or if I fail to disclose any material information, Elmo Insurance Limited may repudiate this claim. I also agree that any person filling in this claim form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Limited and that in such case, I remain fully responsible for the correctness and accuracy of the answers provided in the form.

Name & Surname of insured (in block letters)	Signature	Date		
			/	/
Name & Surname of driver (in block letters)	Signature	Date		
			/	/