

TP Details		1	2	3
Policyholder				
Reg No				
Make/Model				
Insurance				
VAT No				
ID No				
Address				
Tel No				
E-mail				
Cover				
Driver ID No				
Name				
Address				
Tel No				
Survey	Car No	_____ Survey Date _____		
	Repairer	_____ Tel No _____		
	Address	_____		
Survey	Damage	Front/Rear/Left/Right/Underneath/Roof/All over/Mechanical		
	Car No	_____ Survey Date _____		
	Repairer	_____ Tel No _____		
	Address	_____		
	Damage	Front/Rear/Left/Right/Underneath/Roof/All over/Mechanical		
In my opinion I <input type="checkbox"/> TP <input type="checkbox"/> Both <input type="checkbox"/> is/are responsible for the accident				

DATA PROTECTION NOTICE

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other Insurance Companies, Insurance Intermediaries or Insurance Associations.

In addition, we may pass some or all of the information to other Insurance Companies, or Insurance Associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We or other Companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from Thomas Smith Insurance Agency Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, Thomas Smith Insurance Agency Ltd., 12 St Christopher Street, Valletta VLT 1468.

Declaration

All communications relating to the accident must be forwarded immediately unanswered to Thomas Smith Insurance Agency Ltd.,

I/We declare that I have read this completed form and that the information given here is true and correct to the best of my/our knowledge/belief

Policyholder _____ Driver _____

Date _____ Date _____