



MOTOR ACCIDENT CLAIM FORM

Argus Insurance Company (Europe) Limited
P.O. Box 45, Regal House, Queensway, Gibraltar
Tel: +350 200 79520
Fax: +350 200 70942

enquiries@argus.gi
www.argus.gi

Please complete in full the relevant sections and submit it to:
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.
If any sections are not applicable please add N/A.

INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

(incl. part-time occupation)

Phone No. Home:

Work:

Mobile No.

E-mail:

VEHICLE

Make:

Model:

Cubic Capacity:

Year of Manufacture:

Registration Number:

Describe fully the purpose for which the vehicle was being used at the time of the accident:

Nature of goods being carried, if any:

Give details of any:

(a) Hire Purchase or other type of loan agreement

(b) Leasing agreement

Name & Address of H.P. company or leasing company:

Agreement Number:

Was a trailer attached?

Yes

No

If goods-carrying vehicle state class of licence:



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DRIVER

Name of Driver:

Address:

Postcode:

Date of Birth:

Phone No. Home:

Work:

Business or Occupation:

(incl. part-time occupation)

Was the Driver Injured?

Yes

No

If 'Yes', What is the nature of his/her injuries?

Type of Licence Held:

Full

Provisional

Class of Licence:

Date Test Passed:

Has he/she ever been convicted of a motoring offence?

Yes

No

If 'Yes' what is the nature and date(s) of offence(s):

Does he/she own a motor vehicle?

Yes

No

If 'Yes' state the name of the insurers:

Policy No.:

Has he/she been involved in an accident within the past five years?

Yes

No

If 'Yes' please give details:



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INSURED VEHICLE

Give full particulars of damage to your vehicle:

Have you obtained an estimate for the repairs? Yes No

If 'Yes' what is the amount?

Name of proposed repairers:

Telephone No.:

Address:

When and where can the vehicle be inspected:

THIRD PARTY PROPERTY

Name of Third Party(ies):

Address(es):

Reg. No. of vehicle (if applicable):

Name of Insurers:

Policy No:

Details of damage to Third Party Vehicle(s):

Details of damage to Third Party Property (other than Vehicle(s)):

THIRD PARTY PERSONAL INJURY

Name(s) and Address(es) of all Person(s) sustaining injury.

If passenger in YOUR vehicle please put ✓ in 'P' box.

If any of the insured persons are in your employment please put ✓ in the 'E' box.

Name:

P E

Address:

Nature of Injuries:

Name: P E
Address:

Nature of Injuries:

Name: P E
Address:

Nature of Injuries:

Name: P E
Address:

Nature of Injuries:

Name: P E
Address:

Nature of Injuries:

Has any claim being made against you? Yes No

If 'Yes', please give details:

WITNESSES

Did the Police take particulars? Yes No

If 'YES', give the name of the officer dealing with the case and the address of the Station:

Have the Police issued a 'Notice of Intention to Prosecute'? Yes No

1. Name of Witness:
Address: P

2. Name of Witness:
Address: P

3. Name of Witness:
Address: P

4. Name of Witness:
Address: P

If any of the above Witnesses were passengers in your vehicle please put ✓ in 'P' box.

CIRCUMSTANCES OF ACCIDENT

Date of Accident: Time of Accident:

Precise location of accident:

Describe weather and road conditions:

What was speed of your vehicle: (i) Prior to accident Km Per Hour
(ii) At the time of impact Km Per Hour

Was your vehicle on its correct side of the road at time of impact? Yes No



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If the accident occurred during the hours of darkness please state what lights were:

(a) On your vehicle:

- side lights dipped headlights full main beam fog lights

(b) On the other vehicle(s) involved:

- side lights dipped headlights full main beam fog lights

(c) On public road:

- street lighting other

If other please give details:

[Text input area for accident details]

Who in your opinion was responsible for the accident?

[Text input area for responsible party]

Describe fully how the accident occurred:

[Text input area for accident description]



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SKETCH OF ACCIDENT

Please draw a rough sketch (with appropriate measurements) showing the position of the vehicles and persons and the direction in which they were moving.

A large, empty rectangular box with a thin blue border, intended for the user to draw a rough sketch of the accident scene, including vehicle positions, directions of movement, and any measurements.

COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.



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DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

DECLARATION

I/we declare that the above particulars are true to the best of my/our knowledge. I/we hereby expressly authorise the company, if they do so require, to forward this form and any subsequent statement which I/we or the driver may make, to any solicitors appointed to act in relation to any claim, prosecution or proceedings arising out of this incident. I/we further authorise the company and/or any solicitors so instructed, to deal with all matters arising from this incident at their discretion and without any obligation to consult with or to obtain consent from me/us and to make their admission in connection with the said claim(s), prosecution(s) or proceedings which they in their absolute discretion may consider desirable or in the interests of me/us and/or the company.

I/we understand that you may ask for information from other insurers to check the answers I/we have provided.

Signature of Insured:

Date: