

Notification of Loss or Damage for Deterioration in Cold Storage Insurance

Policy No.:				Clai	Claim No.:				
Intermediary:									
Name of Insured:									
Address:									
Tel/Mobile Nos.:				E-ma	il :				
Address of Plant:									
Period of Insurance:	From :					То:			
When did the loss occur:	Time:					Date:			
When was first notice of loss given to Insurers:	Time:					Date:			
	To whom								
	By whom								
Name and address of specialist surveyor									
Deterioration loss details:	Cold Store (specify)		Types of goods spoilt				Quantity	Value	
	Cold Store (specify)					ds sold a		Quantity	Price

Describe nature and cause of the deterioration of stock. (Please attach sketches, photos etc)	
Minimizing of loss of stock	Is stand by equipment available 🗌 Yes 🛛 No If so please state
Can goods be transported to other cold-storage houses?	Yes No If so please state types and quantities
What other action is being taken to minimize the loss?	
What are the estimated claim costs	
Domostics	
Remarks	
Data Protection Notice	
The Company (Atlas Insu personal data. All data will to the underwriting/endo fraud and the keeping of s agent, appointed experts, o	arance PCC Limited) implements strict controls over all electronic and manual I be treated with the utmost confidentiality. Processing of personal data will relate rsing of this policy; processing of claims; detecting, preventing and suppressing statistics. The Company may exchange certain information with your broker, sub- other insurers or the Malta Insurance Association for these purposes. You may also fication of your personal data by writing to Atlas Insurance PCC Limited.
NOTE:	
	ims. All communications and claims received by you concerning the incident are to to Atlas without acknowledgement to the sender.

Signature of Insured: _____

Date:

Name (in BLOCK Letters):_____