



Claim form for Money Policy

The issuing of this form is not to be taken as an admission of liability by the Insurers

Policy No: Claim No.:

Intermediary:

Insured's Details

Name of Insured: I.D. Card/
Co. Reg. No.:

Postal Address:

Tel/Mobile No(s): E-mail:

Situation of Premises or
place where loss or
damage occurred:

Date of loss or damage: Time:

Explain fully how the loss
or damage occurred:

When was the loss or damage discovered?

Date: Time:

By whom was the
discovery made?

When was the property last seen?

Date: Time:

By whom was it last seen?

When were the Police notified?

Address of Police Station:

Have any other steps been taken to recover the property?

Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made. Yes No

If so, give particulars:

Are you the sole owner of the lost, damaged, or destroyed property? Yes No

If not, state the name(s) of any other interested parties and the nature of their interest:

In respect of damage to buildings or landlord's fixtures, (including internal decorations), are you responsible for the repairs of such damage under the terms of a tenancy agreement? Yes No

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made. Yes No

If so, please give details:

Particulars of the Claim to be Given In Detail

In respect of building claims, tradesmen's estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed. Any damaged property should not be disposed of until permission is given by the Company.

Please tick in the box alongside to show whether the Insured is registered (or liable to register) for V.A.T. and therefore eligible to recover from Customs and Excise V.A.T. on the cost of repair or replacement in respect of this claim.

Yes No

The amount claimed should be net of recoverable V.A.T.

(1) Particulars of each section under which this claim is made	(2) Date purchased or received	(3) Name and address of person from whom article was purchased or by whom presented	(4) Original cost price		(5) Value at the time of the loss after allowing for age and wear		(6) Amount claimed after allowing the value of the salvage		
Total amount claimed									

Data Protection Notice

The Company (Atlas Insurance PCC Limited) implements strict controls over all electronic and manual personal data. All data will be treated with the utmost confidentiality. Processing of personal data will relate to the underwriting/endorsing of this policy; processing of claims; detecting, preventing and suppressing fraud and the keeping of statistics. The Company may exchange certain information with your broker, sub-agent, appointed experts, other insurers or the Malta Insurance Association for these purposes. You may also request access to and rectification of your personal data by writing to Atlas Insurance PCC Limited.

NOTE:

Correspondence and claims. All communications and claims received by you concerning the incident are to be forwarded immediately to Atlas without acknowledgement to the sender.

Signature of Insured: _____ Date: _____

Name (in BLOCK Letters): _____

(If a Limited Company give status of signatory): _____