



Private Pleasure Craft Claim Form

Policy No: Claim No.:
Intermediary:

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

Postal Address:

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

Name of Person in charge at time of incident:

Name and Make of Class of Vessel:

Registration No.: Year of Manufacture:

Make, Year and HP of Outboard/Inboard Motor and Serial No:

Date of occurrence: Time: Place:

State weather conditions:

Beaufort Scale Wind Force and Direction: Was vessel racing?

Nature and extent of loss or damage to vessel:

Approximate cost of repairs &/or replacement: Lm

An Estimate from a Firm of Repairers should be submitted as soon as possible

Explain fully how the loss or damage occurred*:

*if necessary continue on the another sheet of paper and provide sketch

(If damage is caused by another vessel who you consider to be at fault, a copy if your letter holding the owner responsible for the incident should be forwarded to us with this form, together with details of third party insurance if known)

Where can the vessel be inspected?

Name, address and telephone number of selected repairer or yard:

Theft Claims

When was the loss or damage discovered?

When was property last seen?

Situation of premises or place where theft occurred?

Explain in detail how the thieves gained access:

Where the premises locked? Yes No

If 'No' describe how property was otherwise secured:

Name and telephone number of police station and name of police officer to whom the loss has been reported:

Outboard Motor.

If not stolen from locked premises or other locked place of storage was outboard motor secured by anti-theft device in addition to its normal method of attachment?

Have any other steps been taken to recover the property?

Claims Lodged by Third Parties

If damage to any other vessel or property is involved give full details (and forward correspondence received)

Do you consider yourself responsible?

Names and addresses of witnesses:

Detailed list of items stolen to be submitted with this form. Written estimates for replacement to be provided as soon as possible.

Is insured able to reclaim VAT in connection with this? Yes No VAT Reg. No. _____

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.

I/we declare that to the best of my/our knowledge and belief the statements made on this form are true and complete.

Data Protection Notice

Atlas Insurance Limited (the Company) implements strict controls over electronic and manual personal data. Please read this declaration before signing the claim form to understand how your data may be processed.

I/we consent to the processing of my/our personal data by the Company or any other members of the Group supplied by myself/ourselves as long as this processing relates to administering my/our insurance policy, underwriting, handling, and settling of claims, detecting, preventing and suppressing of fraud and the keeping of statistics. I/we understand that the Company may, in addition, exchange information with others (including the Malta Insurance Association or other insurance companies, brokers, subagents and/or appointed experts including legal advisors) for the prevention of fraud.

I/we authorise the Company to keep me informed of its products and services by mail, fax, email, or other electronic means. I/we understand that I/we may inform them in writing if I/we do not wish to receive this information. I/we also understand that I/we have the right to request access to and rectification of my/our personal data by contacting Atlas Insurance Limited in writing.

Signature of Insured: _____

Date: _____

Name (in BLOCK Letters): _____