



Claim No.	Any applicable extensions:	
Policy No.	Cruise Cover:	Business Travel:
Intermediary	Tee Off:	Continental Motoring:

TRAVEL CLAIM FORM

General Section (this section should be completed by all claimants)

Policy Holder Name _____

Name of Claimant/s _____

Address: _____

I.D. Card No. _____ E-Mail Address: _____

Tel Nº: _____ Mobile Nº: _____

Occupation/Name of Employer: _____ Age: _____

Purpose of journey: _____

Do you have any other insurance policy/policies in force with Atlas Insurance Limited? Yes No

Is there any other insurance in force, which also covers this loss/expense? Yes No

If yes, state which policy / insurance company: _____

Have you ever before claimed under a travel policy? _____

If yes, give details Yes No

Cancellation & Abandonment Charges

Scheduled date and time of departure: _____ Date of cancellation/abandonment: _____

Reason for cancellation/abandonment (including cruise excursions): _____

Name of sick/injured person: _____

Relationship to insured: _____

Nature of illness/injury: _____

Amount paid in respect of travel tickets (net of taxes) and any other non-refundable expenses: _____

Was travel agent or ticket issuing office notified immediately of cancellation: Yes No

Name of Travel Agent or ticket issuing office: _____

Was refund for taxes applied for? Yes No

Kindly state name of General Practitioner who examined sick/injured person/s: _____

Was your ticket obtained through any travel loyalty scheme? _____

Emergency Medical & Other Expenses

Nature of injury or illness:

Date of occurrence:

Name and address of your family doctor:

Has the person ever suffered from the same illness/injury or any other medical condition:

Yes No

If yes give details including date of last occurrence:

Expenses claimed:

Do you have a private health insurance policy:

Yes No

If yes, give details:

Did you notify IMR prior to any treatment for the illness/injury sustained:

Yes No

Hospital Benefit

Reason for admittance:

Date of occurrence:

Has the person ever suffered from the same illness/injury or any other illness/medical condition:

Yes No

If yes give details including date of last occurrence:

Do you have a Private Health Insurance Policy:

Yes No

If yes, give details:

IMPORTANT: If applicable prior to your journey have you taken the necessary vaccinations / inoculations as recommended

by the Health Department?

Yes No

If yes, give details:

Personal Accident

Date of accident:

Time of Accident:

Place of accident:

State circumstances:

Baggage

Date of loss:

Time:

Place:

Date and time advised to police/airport authorities/security personnel:

Circumstances of loss or damage:

Delayed baggage:

Scheduled time of arrival according to original itinerary:

Actual time of delivery of baggage:

Details of items claimed:

No. of articles	Description	When bought	Where bought	Cost paid	Amount claimed after deduction for use, wear and tear

Passport

Circumstances of loss:

Date:

Time:

Date and Time you reported your loss to the police and Embassy/Consulate:

List the additional travel and accommodation expenses incurred to obtain a temporary passport

Personal Money

Circumstances of loss:

Date:

Time:

Date and time advised to police/airport authorities/security personnel:

Amount of money exchanged prior to your trip:

Amount of money lost or stolen:

What financial arrangements were made following your loss to continue your trip:

Personal Liability

Date of loss: _____ Time: _____

Place of incident: _____

State circumstances of incident: _____

Details of third parties involved (including third party legal representatives if applicable): _____

Name/s: _____

Address: _____

E-mail: _____ Tel No.: _____ Fax: _____

Details of any damaged third party property: _____

Delayed Departure & Missed Departure

Date and time of original departure (according to itinerary): _____

Flight No.: _____ Destination: _____

Reason for delay: _____

Date and time of rescheduled departure: _____

In case of cancellation - Date and time of official cancellation of flight: _____

Reason for cancellation of flight: _____

Continental Motoring Extension

Date and time of accident: _____ Locality: _____

Destination: _____

Driver at time of accident: _____ Vehicles involved: _____

Circumstances of loss: _____

Emergency expenses incurred: _____

Receipt and documents supporting this claim are to be sent with this form.

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. You may also request access to and rectification of your personal data by writing to Atlas Insurance PCC Limited.

I authorise the Company to exchange certain information with my broker, sub-agent, appointed experts, other insurers or the Malta Insurance Association for these purposes and authorise insurance companies, agencies, sub-agents or brokers to disclose information about or relevant to my insurance history for these purposes.

Signature _____ Date _____