



Claim No. Any applicable extensions:

Policy No. Sprint Cover ☐

Intermediary Family Cover ☐

iCycle Claim Form

General Section

Policy Holder Name

Name of Claimant/s

Address

I.D. Card No. Email Address

Telephone No. Mobile No.

Occupation/Name of Employer Age

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

If yes, give details

Bicycle Cover

Date of occurrence Time Place

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

Circumstances of loss or damage:

Details of items claimed:

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

Hospitalisation

Nature of injury

Date of occurrence

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Name and address of your family doctor

Has the person ever suffered from the same injury or any other medical condition?

Yes ☐ No ☐

If yes, give details including date of last occurrence

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No. of days as an in-patient

Do you have a private health insurance policy?

Yes ☐ No ☐

If yes, give details

Broken Bones

Nature of injury

Date of occurrence

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Name and address of your family doctor

Has the person ever suffered from the same injury or any other medical condition?

Yes ☐ No ☐

If yes, give details including date of last occurrence

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No. of days as an in-patient

Do you have a Private Health Insurance Policy?

Yes ☐ No ☐

If yes, give details

Dental Treatment

Reason for admittance

Date of occurrence

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Has the person ever suffered from the same dental condition?

Yes ☐ No ☐

If yes, give details including date of last occurrence

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Do you have a Private Health Insurance Policy?

Yes ☐ No ☐

If yes, give details

Personal Accident

Date of occurrence

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Time of Accident:

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Place of accident

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State circumstances

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Public Liability

Date of loss

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Time

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Place of incident

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State circumstances
of incident

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

Name/s

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Address

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Email

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Tel No.

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Fax

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Details of any damaged third party property

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Insured's Direct Credit Details

Please complete your bank details if you wish us to transfer claim settlement into your bank account.

Bank Account details

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Name of Bank

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Country

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IBAN No.

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Signature of Policyholder _____

Date

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