

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 Vesse																		
Registration No.:												Yea	r of Manı	ufacture	:			
Make, Year and HP of Outboard/Inboard Motor and Serial No.:																		
Date of Occur	rence:								Time:				Place:					
State weather conditions:																		
Beaufort Scale Wind Force and Direction:											Was	vessel	racing?					
Nature and exte	ent of lo	ss or da	mage	e to v	esse	l:												
Approximate co	st of Re	pairs an	d/or l	Repla	cem	ent:												
An Estimate	from a	Firm (of Re	paiı	ers	shou	ıld k	oe sub	mitted	as s	oon a	s pos	sible					
Explain fully how		ss or																
* if necessary co (if damage is cau be forwarded to Where can the be inspected?	ised by a us with	nother	vessel	who	you	consid	er to	be at fa	ult, a cop			ter holo	ding the c	wner res	sponsi	ble for	the inci	dent should
Name, address telephone num selected repaire	ber of	d:																
Theft Claims																		
When was the lamage discove When was proplast seen?	ered? erty																	
Explain in detaithieves gained		e							-									

Where the premises lock	ed?	Yes	No					
If 'No' describe how prop otherwise secured:	erty was							
Name and telephone n station and name of whom the loss has been	police officer to							
Outboard Motor								
If not stolen from locked secured by anti-theft dev			of storage was outboard hod of attachment?	motor				
Have any other steps becto recover the property?								
Claims Lodged by Tl	nird Parties							
If damage to any other v is involved give full detai correspondence received	ls (and forward							
Do you consider yourself	fresponsible?							
Names and addresses of	witnesses:							
Detailed list of items stol	en to be submitted	with this forn	m. Written estimates for re	placements to be	provided as soon as possible.			
Is insured able to reclaim	VAT in connection	with this?	Yes No	VAT Reg. No.				
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								
Name of Bank								
Country								
IBAN No.								

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In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

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- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

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Signature of Policyholder	Date			