



## Notification of Loss or Damage for Erection All Risk Insurance

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

Policy No:  Claim No:

Intermediary:

Title of contract insured:

Full Name:  I.D Card No:

Address:

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

Address of plant:

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

When did the loss Date:  or damage occur? Time

When was first notice given to the Insurer? To whom?  By whom?

Are there any witnesses? Yes ☐ No ☐

Give names, professions and addresses:

Which item was damaged? ☐ Erection Works ☐ Civil engineering works  
☐ Construction/erection machinery ☐ Construction/erection equipment

Item no in Specification of Policy:  Sum Insured:

Name of manufacture, type of machine:

Year of manufacture, serial number:

Description of damaged items:

How far had the erection of the damaged item progressed at the time of the occurrence?

Which parts were damaged?

How did the damage occur and what was the probable cause? Please attach sketches and photos.

Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes ☐ No ☐

If yes, please give details:

Are any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? Yes ☐ No ☐

If yes, please give details

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:

\*What are the estimated repair costs?

Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? Yes ☐ No ☐

If yes, to what extent and why?

Was any third party or surrounding property damaged? Yes ☐ No ☐

If yes, please give details:

What is the estimated indemnity for third party liability claims?

Property Damage:

Bodily Injury:

Were any existing buildings or surrounding property damaged? Yes ☐ No ☐

If yes, by what?

Estimated claims amount?

**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. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.**

## Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about the Insured or relating to the Insured and/or to any other person/s whom the Insured insures with Atlas (hereinafter 'Others').

In completing all the forms related to the Insured's policies or claims, the Insured confirms to have understood and accepted the terms in Atlas's Data Protection and Privacy Statement. The Insured hereby warrants that the Insured has informed Others why Atlas asked for this information and what Atlas will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about the Insured and Others for purposes which include, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose the Insured and Others' information from/to other entities in order to conduct Atlas' business including

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or employers (for company schemes) and which the Insured and Others hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Atlas prevent or detect crime by sharing the Insured and Others' 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
- Atlas's third party suppliers or service providers to whom Atlas outsource certain business operations.

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

The Insured has the right to access their personal data and ask Atlas to update or correct the information held or delete such personal data from Atlas's records if it is no longer needed for the purposes indicated above. The Insured may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting Atlas's Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 419 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email [dpo@atlas.com.mt](mailto:dpo@atlas.com.mt). Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If the Insured and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, the Insured and Others may lodge a complaint with Atlas and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

If the Insured wishes to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how Atlas uses this data please visit <https://www.atlas.com.mt/legal/data-protection/>.

I confirm my understanding and acceptance of the above.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in BLOCK Letters): \_\_\_\_\_

(If a Limited Company give status of signatory): \_\_\_\_\_