



Goods-in-Transit Claim Form

Policy No.: Claim No.:

Intermediary:

Name:

Address:

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

Business of Insured:

Date and Time of Occurrence:

Description of goods concerned:

No of packages Weight

How were the goods packed?

If goods were part only of consignment describe nature of other of other goods and value:

Address from which goods were dispatched:

Date of dispatch: Name of Consignees:

Address

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

Circumstances of loss or damage:

Was the matter reported to the Police? ☒ Yes ☐ No

If 'Yes' state date when advised and details of Policy Officer or Police Station:

Owner:

If another vehicle was involved, state name and address of Insurer:

Details of witnesses:

If you are the owner of the Goods please complete this section:

How and by whom were the goods transported?

Have you advised then of the loss or damage? ☐ Yes ☐ No Date advised

Name and addresses of their Insurers:

If you are claiming as carrier of the goods, please complete this section:

Name and address of owners of the goods:	
For whom were goods carried?	
Details of Insurers:	
Were you the principal contractor or sub-contractor?	
Registered letters and number of your vehicle concerned:	
If your vehicle was unattended when loss or damage occurred, how was it secured?	

Where the goods in sound condition when received? ☐ Yes ☐ No

Where they checked by your driver? ☐ Yes ☐ No

Did you or your employees a. Load the vehicle? ☐ Yes ☐ No

b. unload the vehicle ☐ Yes ☐ No

Did the consignees accept delivery ☐ Yes ☐ No

If so was a receipt given? ☐ Yes ☐ No

What condition of carriage do you use? (please attach a specimen copy)	
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Has a claim been made against you by the owner? ☐ Yes ☐ No Date received: _____

Note: All invoices, Delivery Notes, Receipts and Correspondence are to be sent with this Form

Quantity	Description	Value
	Total:	
	Value of Salvage:	
	Net loss or cost of repairs	

Address where the damaged goods can be inspected:	
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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. 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): _____