



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 Vessel:

Registration No.: Year of Manufacture:

Make, Year and HP of Outboard/Inboard Motor and Serial No.:

Date of Occurrence: Time: Place:

State weather conditions:

Beaufort Scale Wind Force and Direction: Was vessel racing?

Nature and extent of loss or damage to vessel:

Approximate cost of Repairs and/or Replacement:

An Estimate from a Firm of Repairers should be submitted as soon as possible

Explain fully how the loss or damage Occurred*:

* if necessary continue on the another sheet of paper and provide sketch

(if damage is caused by another vessel who you consider to be at fault, a copy if your letter holding the owner responsible for the incident should be forwarded to us with this for, together with details of third party insurance if known)

Where can the vessel be inspected?

Name, address and telephone number of selected repairer or yard:

Theft Claims

When was the loss or damage discovered?

When was property last seen?

Explain in detail how the thieves gained access:

Where the premises locked?

☐ Yes ☐ No

If 'No' describe how property was otherwise secured:

Name and telephone number of police station and name of police officer to whom the loss has been reported:

Outboard Motor

If not stolen from locked premises or other locked place of storage was outboard motor secured by anti-theft device in addition to its normal method of attachment?

Have any other steps been taken to recover the property?

Claims Lodged by Third Parties

If damage to any other vessel or property is involved give full details (and forward correspondence received)

Do you consider yourself responsible?

Names and addresses of witnesses:

Detailed list of items stolen to be submitted with this form. Written estimates for replacements 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.

Data and Privacy Protection

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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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Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our 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 your employers (for company schemes) and which you hereby authorise;
- 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

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