

Instructions - Please read carefully

- Always contact us before receiving any of the following treatment: (i) hospital admission (ii) PET, CT, MRI (iii) bone density, mammogram (iv) home nursing (v) psychiatric treatment (vi) genetic testing (vii) physiotherapy (viii) food intolerance test.
- Please complete in **BLOCK CAPITALS** throughout and **sign Section 5**. Use a separate form for each patient, treatment or medical condition.
- Claims for specialist consultations and any diagnostic procedures must be referred by your family doctor.
- Claim forms must be submitted within two months of treatment (online or by post), attaching bills or receipts and an itemised list of all tests carried out.
- We are unable to accept receipts where alterations have been made unless such alteration is signed by the person issuing the receipt.
- We reserve the right to ask for your previous medical history.

1. Patient Details

Please provide these details so that we can identify your policy	Title	Full Name	ID Card/Passport
	Date of Birth	DD/MM/YYYY	Policy Holder's ID Card/Passport where patient is under 18
Provide these if you are insured through a company	Group Name	Employee Name	
Update any details changed since you last claimed with us. If patient is under 18, provide policy holder details	Help us keep your data updated		
	Contact no.	Email	Occupation
	Address		

2. Claim Details

Provide details about your claim. Please note for accidents we may request an accident report (ex: police report, injury report)	Amount being claimed	€	Reason for seeking medical advice
	Is this the first claim for this condition? Yes No Date patient first aware of symptoms		
	Is this claim the result of an accident? Motor related Work related injury Travel related illness or injury Other		
	If yes, please give details		
	Is this claimable from any other source (i.e. another insurance company)? Yes No		

3. Payment Instructions

Let us know how payment should be made	Use Direct Credit details already on file	Use the details below for this and all future claims	Cheque against a bank & administration charge
	SEPA IBAN		
	Account Holder Name		

4a. Medical Statement - To be completed by your General Practitioner

Name of patient

Date of first consultation for this condition

Medical history of condition including details of previous episodes & treatment. Please indicate need for long term monitoring, consultation, check-ups or tests.

Treatment given

Family doctor declaration

I have examined the patient and I declare that I am unable to provide the necessary further treatment and I am therefore referring the patient to the following specialist

 Family Doctor
Signature and
Stamp

Date

DD/MM/YYYY

Telephone number

4b. Medical Statement - Specialist referred to by your General Practitioner

In cases of paediatrics or gynaecologist/obstetrics, the specialist must also complete part 4a. If this section is not completed in full we may require a separate medical report

Name of patient

State procedure code if known

Details of condition

Drugs prescribed

Planned future treatment specifying any relevant dates

Diagnosis

Specialist

Date

Signature and
Stamp

DD/MM/YYYY

Telephone number

Digital use only: Please tick this box to lock Section 4b after completion (Note: This action cannot be undone)

5. Declaration

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', 'us', 'our', 'we' are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter 'others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in our 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 to process such data for the purposes mentioned below.

Atlas collects and processes information about you and others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, 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 your and others' information from/to other entities in order to conduct our business including:

- managing claims, which may require us to obtain data including medical information from healthcare providers (including any public or private hospital, clinic, laboratory or other medical facility) and/or your employers (for company schemes) and which you hereby authorise to provide us with such information;
- administering policies with:
 - our associated companies
 - introducers, intermediaries, agents or brokers when these are appointed by you,
 - the policyholder (in the case of corporate policies),
 - insurance principals, reinsurers and co-insurersincluding third parties providing services to these;
- 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 a pointed experts to undertake credit reference or fraud searches or investigations;
- 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.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in the Atlas Data Protection and Privacy Statement, by contacting our 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 you and others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and others may lodge a complaint with us 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 you wish to view the full Atlas Data Protection and Privacy Statement, for a better understanding of how we use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Patient's signature

(Policy holder to sign
if patient is under 18)

Date

DD/MM/YYYY

I confirm my understanding and acceptance of the above
If submitted by post, we recommend that you photocopy the completed form and any enclosures for your records.



For internal use only

Registered address: 419 Ta' Xbiex Seafront Ta' Xbiex XBX 1021 Malta

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