



Home Claim Form

Policy No. Claim No.

Intermediary

Insured's Details

Name of Insured ID. Card No.

Postal Address

Telephone No. Mobile No.

Email Address Vat Reg No.

Loss Details

When did the incident occur? Date Time a.m./p.m.

Where did the loss or damage occur? Address

Describe in detail how the loss or damage occurred

Were the premises occupied at the time of the incident? Yes ☐ No ☐

If NOT, when were they last occupied?

When was the loss or damage discovered? Date Time a.m./p.m.

By whom was the loss or damage discovered?

Was the incident reported to the Police? Yes ☐ No ☐

If yes, when were the Police notified and at which police station?

If the loss or damage is as a result of theft please also complete the following:

If theft was from a building, how was entry gained?

Were there any visible signs of a forced entry or exit to the building? Yes ☐ No ☐

If Yes please give details

Was an intruder alarm system in operation at the time of the incident? Yes ☐ No ☐

If yes, was the alarm activated? Yes ☐ No ☐

Particulars of Claim

You are obliged to provide us with relevant reports to substantiate your claim together with quotations and invoices covering the repairs and/or replacements.

Description of lost, stolen or damaged property (including make and model)	Date of Purchase	Original Purchase Price	Repair Cost (if repairable)	Replacement Cost (If not repairable)	Amount Claimed
Total Amount Claimed					

Other Details

Are you the sole owner of the lost or damaged property? Yes ☐ No ☐

If NOT, please state name of other interested parties

Do you hold any other insurance policy/policies which may also cover this incident? Yes ☐ No ☐

If Yes please give details

Third Party Details

Full Name ID. Card No.

Postal Address

Telephone No. Mobile No.

Email Address Vat Reg No.

Address where incident occurred

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.

If Bank Account is not in your name, please let us have the following details

Name	<input type="text"/>	ID. Card No.	<input type="text"/>
Postal Address	<input type="text"/>		
Mobile No.	<input type="text"/>	Email Address	<input type="text"/>

Data Protection Notice

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 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.

Atlas collects and processes information about you 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 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.

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 Atlas's 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's 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/>.

Signature of Policyholder	<input type="text"/>	Date	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				