



HomeLet Claim Form

Policy No.		Claim No. (internal use)	
Intermediary			

Policyholder's Details (the person who purchased the policy)

Name		Reference (ID / Co Reg)	
Postal Address			
Rental Postal Address			
Mobile No.		Email Address	
Vat Reg No (if applicable)			
Role of Policyholder (Landlord (owner) / Sub-Lessor / Other – specify)			
How is the Rental Property let out?	Long-Let ☐	Short-Let ☐	Is there a Rental Agreement in place? Yes ☐ No ☐

Is the Rental Property registered with the Housing Authority (Long-let) or with the Malta Tourism Authority (MTA)?

Kindly provide a copy of the relevant licence

Yes ☐ No ☐

Do you hold any other insurance policy/policies which may also cover this incident?

If yes, kindly provide details

Yes ☐ No ☐

Joint Policyholder's details (if applicable)

Name & Surname/ Company Name		Reference (ID / Co Reg)	
If insured in a Company Name, what is your role in the Company?			
Postal Address			
Mobile No.		Email Address	
Vat Reg No (if applicable)			
Role of Joint Policyholder (Landlord (owner) / Sub-Lessor / Other – specify)			

Loss Details

When did the incident occur?		Date & Time	
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Describe in detail how the loss or damage occurred

Was the Rental Property occupied at the time of incident

Yes ☐ No ☐

Name of Tenant
(occupying the rental property at the time of the loss)

Tenant's contact details: Mobile No Email Address

When was the loss or damage discovered? Date & Time

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:

How was entry gained into the Rental Property?

Were there any visible signs of forced entry or exit from the Rental Property? Yes ☐ No ☐

If yes please give details and provide photographs

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					

Third Party Details (if applicable)

Name ID Card No.

Postal Address

Mobile No Email Address

Is the third party your tenant? Yes ☐ No ☐

Details of claim involving the third party

Rent Cover

(if cover has been purchased and claim is under this section – all claim form details mentioned above must be filled in accordingly)

Monthly Rent:		Number of months being claimed:	
Date of commencement of tenancy:		Date of expiry of tenancy:	
Deposit paid by the tenant with the rental agreement:			

Loss of rent

Reason for claim for loss of rent under Section 6.1

Rent default

Reason for claim for loss of rent under Section 6.2

Policyholder's Direct Credit Details

please ensure that these details are those of the person who issued the policy

Bank Account details			
Name of Bank		Country	
IBAN No.			

Data Protection Notice

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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.

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 _____

Date

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

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