



Pet Insurance Claim Form For Holiday Cancellation

Please send this form to Atlas Insurance PCC Limited – Ta' Xbiex Seafront, Ta' Xbiex, Malta. Do not forget to attach original accounts (invoices or receipts) where applicable. PLEASE FILL IN ALL DETAILS and use BLOCK capitals throughout.

Policy No.

Making a claim

Please follow these instructions carefully to ensure that your claim will be processed efficiently and without any need for further clarification.

1. Claims should be submitted as soon as possible and not later than 2 months from the date of cancellation and must include the following:
 - a. The booking invoice and cancellation invoice from the holiday sales organisation. The invoices must show the date of the booking, the dates of the journey, the total costs of the holiday, the date you decided to cancel or return home and any expenses you cannot recover;
 - b. If you are claiming for extra travel costs, the receipts for your expenses;
 - c. If you are claiming for cancellation/curtailment of a journey you must support your claim with evidence from a vet that the pet was suffering from a life threatening condition or required lifesaving surgery.
3. We recommend that you photocopy the completed form and any enclosures for your records.

1. About You- to be completed by Policyholder(s)

Policyholders'
Full Name

ID. Card No.

Postal Address

Telephone No.

Mobile No.

Email Address

2. About Your Pet - to be completed by Policyholder(s)

Your Pet's Name

Microchip Number

Male

☐

Female

☐

Dog

☐

Cat

☐

Breed

3. Holiday Cancellation - to be completed by Policyholder(s) in the event of holiday cancellation

Holiday dates: from

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 to

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Date Holiday booked

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Reason for cancellation/curtailment

Date holiday cancelled/curtailed

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Names of immediate family members travelling with the policyholder and their relationship to the policyholder:

Full Name:

Full Name:

Full Name:

Full Name:

If the event of illness please advise

Pet's illness/
condition

Date when you first noticed any signs

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In the event of injury please advise

Details of the
accident:

Date of the accident

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If applicable, date of death which resulted from the accident

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Unrecoverable expenses claimed:

Amount Claimed €

Amount Claimed €

Amount Claimed €

Amount Claimed €

Is this claimable from any other source (ie another insurance company)?

Yes

☐

No

☐

If yes, please provide details

4. 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.

5. 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 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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