



## Pet Insurance Claim Form For Veterinary Fees

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. Your Veterinary practice must complete section 4 of this claim form.
2. Claims should be submitted as soon as possible and not later than 2 months from the date veterinary treatment was received or expenses were incurred and must include the invoices and/or receipts from the veterinary practice which show what you are claiming for.
3. If the claim is for treatment in an agreed country, you should provide also the booking invoice for your journey or any other official documents which show the dates of your journey.
4. Contact Atlas Insurance PCC Ltd BEFORE receiving Veterinary treatment which involves an overnight stay in any clinic or hospital or a surgical procedure (including any dental procedure) involving the administration of general anaesthetic.
5. We recommend that you photocopy the completed form and any enclosures for your records.
6. We are unable to accept original receipts where alterations have been made unless such alteration is signed by the person issuing the receipt.

### 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

If your pet has been seen at more than one veterinary practice, please provide details here.

A. Name

Address

B. Name

Address

Name of the illness or injury you are claiming for (in your own words)

Is this the first claim for this condition

Yes

No

Date when you first noticed any signs

If your pet has been injured, please tell us how it happened

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

Yes

No

3. 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.

## 4. 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](mailto: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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## 5. About the Illness or Injury - to be completed by treating Vet

Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis

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When was this pet first registered with your practice?

Date									
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When did this illness or injury first begin  
(as noted by you, by the client or on the pet's record)?

Date									
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If any part of this claim is for dental treatment, please give the dates of the last two annual dental checks (from the previous two years), prior to the dental treatment being claimed for

Date									
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Was any dental treatment necessary at this time?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes', was it carried out at the time?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Did you make house visits in connection with the treatment being claimed for?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Why were the house visits necessary?

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If the pet was referred to you, please give the name and address of the referring practice.

Name

Address

Signature \_\_\_\_\_ Date 

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Stamp \_\_\_\_\_ Tel No.

## 5. For overnight stays in any clinic or hospital - to be completed by Hospital official

Hospital

Date of admission 

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 Time am 

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 pm 

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Date of discharge 

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 Time am 

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 pm 

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Signature of hospital official \_\_\_\_\_ Date 

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Official's position \_\_\_\_\_ Hospital stamp \_\_\_\_\_