



Policy No.  Intermediary  Claim No.

Any applicable extensions: Continental Motoring ☐ Increased Hire-Vehicle Excess ☐  
Cancelled Services ☐ Slalom Extension (Skiing) ☐

## Annual Travel Claim Form

### General Section (this section should be completed by all claimants)

Policy Holder Name   
Name of Claimant/s   
Address   
I.D. Card No.  Email Address   
Telephone No.  Mobile No.   
Occupation/Name of Employer  Age   
Purpose of trip  Date of booking of trip   
Do you have any other insurance policy/policies in force with Atlas Insurance PCC Limited? Yes ☐ No ☐

#### Other Insurance -

a. Do you have an HSBC Credit Card (Premier/Advance), BoV Credit Card (Visa Gold/Platinum/Skypass) or any other bank debit/credit card that has automatic travel insurance? Yes ☐ No ☐  
b. Is there any other insurance in force, which also covers this loss/expense? Yes ☐ No ☐

If yes, state which bank card/policy/insurance company

Have you ever before claimed under a travel policy? Yes ☐ No ☐

If yes, give details

### A. Cancellation & Abandonment Charges

Scheduled date and time of departure  Time

Date of cancellation/abandonment

Reason for cancellation/abandonment

Name of sick/injured person

Relationship to insured

Nature of illness/injury

Amount paid in respect of travel tickets (net of taxes) and any other non-refundable expenses

Was travel agent or ticket issuing office notified immediately of cancellation

Yes

No

Name of Travel Agent or ticket issuing office

Was refund for taxes applied for?

Yes

No

Kindly state name of General Practitioner who examined sick/injured person/s

Was your ticket obtained through any travel loyalty scheme?

B. Emergency Medical & Other Expenses

Nature of injury or illness

Date of occurrence

Name and address of your family doctor

Has the person ever suffered from the same illness/injury or any other medical condition

Yes

No

If yes give details including date of last occurrence

Expenses claimed

Do you have a private health insurance policy

Yes

No

If yes, give details

Did you notify Global Response prior to any treatment for the illness/injury sustained

Yes

No

C. Hospital Benefit

Reason for admittance

Duration of stay in hospital

From

To

Has the person ever suffered from the same illness/medical condition

Yes

No

If yes give details including date of last occurrence

Do you have a Private Health Insurance Policy

Yes

No

If yes, give details

IMPORTANT: If applicable prior to your journey have you taken the necessary vaccinations/inoculations as recommended by the Health Department?

Yes

No

If yes, give details

D. Personal Accident

Date of occurrence

Time of Accident:

Place of accident

State circumstances

E. Baggage

Date of occurrence

Time

Place

Date and time advised to police/airport authorities/security personnel:

Time

Circumstances of loss or damage:

Delayed baggage:

Scheduled time of arrival according to original itinerary:Actual time of delivery of baggage:

Details of items claimed:

No. of articles	Description	When bought	Where bought	Cost paid	Amount claimed after deduction for use, wear and tear

Passport

Circumstances of loss

Date

Time

Date and Time you reported your loss to the police and Embassy/Consulate

Time

List the additional travel and accommodation expenses incurred to obtain a temporary passport

F. Personal Money

Circumstances of loss

Date

Time

Date and time advised to police/airport authorities/security personnel

Time

Amount of money exchangedd prior to your tripAmount of money lost or stolen

What financial arrangements were made following your loss to continue your trip:

G. Personal Liability

Date of loss

Time

Place of incident

State circumstances of incident

Details of third parties involved (including third party legal representatives if applicable)

Name/s

Address

EmailTel No.Fax

Details of any damaged third party property

H/I/J - Delayed Departure/Missed Departure/Hijack

Date and time of original departure (according to itinerary)Time

Flight No.Destination

Reason for delay

Date and time of rescheduled departureTime

In case of cancellation – Date and time of official cancellation of flightTime

Reason of cancellation of flight

K - Hire-Vehicle ‘Excess’

Date and time of accidentTimeLocality

Short Description of Incident

If the incident was a collision, were you at fault?YesNoPolicy Excess Paid

Name of Vehicle Hiring Company

L - Coronavirus Extension

For any claims related to Coronavirus, please fill in the section applicable to your claim. The sections applicable to this cover are Section A, Section B, Section C and Section I.

M - Cancelled Services Extension (if extension was purchased)

Scheduled Date and time of departureTime

Date of Cancellation

Reason for Cancellation

Additional Expenses Incurred

N - Continental Motoring Extension (if purchased)

Date and time of accidentTimeLocality

Destination

Driver at time of accidentVehicles involved

Circumstances of loss

Emergency expenses incurred

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.

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.

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Signature of PolicyholderDate