



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

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. 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.

4. 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

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 No

If 'Yes', was it carried out at the time?

Yes No

Did you make house visits in connection with the treatment being claimed for?

Yes No

Why were the house visits necessary?

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 pm

Date of discharge

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 Time am pm

Signature of hospital official _____ Date

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Official's position _____ Hospital stamp _____