



Pet Insurance Claim Form For Third Party Liability

Please send this form to Atlas Insurance PCC Limited – Ta' Xbiex Seafront, Ta' Xbiex, Malta. PLEASE FILL IN ALL DETAILS and use BLOCK capitals throughout.

Policy No.

1. About You

Policyholders'
Full Name

ID. Card No.

Postal Address

Telephone No.

Mobile No.

Email Address

2. About: Your Pet

Your Pet's Name

Microchip Number

Male

Female

Dog

Cat

Breed

How long have you owned the animal?

How long has the animal been in your property?

3. Details of Home Insurance

Do you have Home Insurance?

Yes

No

If yes please provide

the name of the Insurance Company

your home insurance policy number

4. Details of Incident

Date of incident

Time

am

pm

Place of incident

Please explain how the incident happened and who or what you think was responsible (use an extra sheet of paper if needed)

Was the insured pet injured or killed?

Yes No

Injured Killed

If your pet is a dog, was the animal on a lead at the time of the incident?

Yes No

If yes, what type of lead was being used?

Describe your pet's usual nature

Has your pet ever reacted or behaved in this way?

Yes No

If yes, please provide details

Who was in charge of your pet at the time of the incident?

Policyholder Other

If the person in charge was anyone other than the policyholder please advise:

Name

Postal Address

Telephone No.

Why was this person in charge of your pet at the time?

5. Personal Injuries/Illness/Death

Please complete if applicable

Did the incident result in injury, illness or death for the third party?

Injury Illness death

Details of Third Party:

Name

Postal Address

Date of Birth

Occupation

Employers name (if known)

Employers Address

Describe the nature and extent of the injuries/illness

Was the third party treated by a doctor, paramedic or first aider at the scene of the incident?

Yes No

If the third party was taken to hospital, which hospital?

How much contact had the third party had with your pet prior to the incident?

6. Property Damage

Please complete if applicable and retain damaged items for inspection

Details of Property Owner:

Name

Postal Address

Telephone No.

Please describe the property and the damage caused to it

What is the age of the damaged property? What is the value of the damaged property? €

Is the damaged property insured? Yes No

If yes please give:

the name of the Insurance Company

your home insurance policy number

7. Witness Details

Witness 1

Name

Postal Address

Telephone No.

Witness 2

Name

Postal Address

Telephone No.

8. Police

Were the police involved or have they been told about the incident ?

Yes No

If Yes please advise :

Police station

Police reference

Police officers
name & No.

9. Claims History

Have you received any claim in writing about the incident?

Yes No

If Yes please attach all documents

Note : You must not reply to any of these claims before speaking to us.

Please give details of all your previous Third Party Liability Claims

10. 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, 48-50 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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