Pet Insurance Claim Form
For Boarding Fees and Daily Minding

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 doctor must complete section 5 of this claim form.
2. Claims should be submitted as soon as possible and not later than 2 months from the date expenses were incurred and must include
   a. the invoices and/or receipts from the boarding establishment or written confirmation from the person looking after your pet indicating the relevant dates.
   b. the discharge certificate from the hospital that confirms the dates of your admission and subsequent discharge from the hospital.
3. We recommend that you photocopy the completed form and any enclosures for your records.
4. 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

3. Boarding Kennel/Home Carer

Name of Boarding Kennel / Home Carer

Address of Boarding Kennel / Home Carer

Telephone No.

Boarding fees per day: €

Date of boarding/Homecare: from ☐☐☐☐☐☐☐☐ to ☐☐☐☐☐☐☐☐

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, 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 | | | | | | | | |

5. About the Illness or Injury - to be completed by Policyholder(s)s General Practitioner or Hospital Physician/Surgeon

Policyholders' Name

Name of G.P./ Physician/Surgeon

Name of Admitting Hospital

Date of Hospitalisation: from | | | | | | | | | to | | | | | | | |

Medical Condition requiring hospital treatment

Date of first visit to any doctor for this condition | | | | | | | |

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

☐ I confirm that to the best of my knowledge the statements are true and complete in every respect.

Signature of G.P/Hospital Physician/Surgeon (please delete as applicable) _____

Telephone No. _____ Date | | | | | | | |

Stamp _____