



Home Claim Form

Policy No. Claim No.
Intermediary

Insured's Details

Name of Insured ID. Card No.
Postal Address
Telephone No. Mobile No.
Email Address Vat Reg No.

Loss Details

When did the incident occur? Date Time a.m./p.m.

Where did the loss or damage occur? Address

Describe in detail how the loss or damage occurred

Were the premises occupied at the time of the incident? Yes No

If NOT, when were they last occupied?

When was the loss or damage discovered? Date Time a.m./p.m.

By whom was the loss or damage discovered?

Was the incident reported to the Police? Yes No

If yes, when were the Police notified and at which police station?

If the loss or damage is as a result of theft please also complete the following:

If theft was from a building, how was entry gained?

Were there any visible signs of a forced entry or exit to the building? Yes No

If Yes please give details

Was an intruder alarm system in operation at the time of the incident? Yes No

If yes, was the alarm activated? Yes No

Particulars of Claim

You are obliged to provide us with relevant reports to substantiate your claim together with quotations and invoices covering the repairs and/or replacements.

Description of lost, stolen or damaged property (including make and model)	Date of Purchase	Original Purchase Price	Repair Cost (if repairable)	Replacement Cost (If not repairable)	Amount Claimed
Total Amount Claimed					

Other Details

Are you the sole owner of the lost or damaged property? Yes No

If NOT, please state name of other interested parties

Do you hold any other insurance policy/policies which may also cover this incident? Yes No

If Yes please give details

Data Protection Notice

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about You or relating to You and/or to any other person/s on whose behalf you are making this claim (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act"). By making a claim with Atlas, You and Others accept the terms of this Statement. You hereby warrant that you have presented this statement to 'Others' and have obtained their necessary explicit verbal consent to:

- a. the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (but not limited) to handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- b. the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, Insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare providers of any kind or any person, body or authority authorised by law to receive personal data;
- c. the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in paragraph (a) above;
- d. the Group keeping You and Others informed of their products and services by any means. You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive this information;
- e. the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on http://www.atlas.com.mt/Legal/Data_Protection.aspx.

Signature of Insured _____ Date

Name (in BLOCK letters) _____

If a limited company give status of signatory _____