



## 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



**If Bank Account is not in your name, please let us have the following details**

Name  ID. Card No.

Postal Address

Mobile No.  Email Address

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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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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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