



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

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

--	--	--	--	--	--	--	--	--	--