



Claim No.

Policy No.

Intermediary

Any applicable extensions:

Sprint Cover

Family Cover

## iCycle Claim Form

### General Section

Policy Holder Name

Name of Claimant/s

Address

I.D. Card No.  Email Address

Telephone No.  Mobile No.

Occupation/Name of Employer  Age

Do you have any other insurance policy/policies in force with Atlas Insurance PCC Limited? Yes  No

Is there any other insurance in force, which also covers this loss/expense? Yes  No

If yes, state which policy/insurance company

Have you ever before claimed under a bicycle policy? Yes  No

If yes, give details

### Bicycle Cover

Date of occurrence           Time  Place

Date and time advised to police/airport authorities/security personnel:         Time

Circumstances of loss or damage:

Details of items claimed:

No. of articles	Description	When bought	Where bought	Cost paid	Amount claimed after deduction for use, wear and tear

## Hospitalisation

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Nature of injury

Date of occurrence 

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Name and address of your family doctor

Has the person ever suffered from the same injury or any other medical condition? Yes  No

If yes, give details including date of last occurrence 

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No. of days as an in-patient

Do you have a private health insurance policy? Yes  No

If yes, give details

## Broken Bones

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Nature of injury

Date of occurrence 

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Name and address of your family doctor

Has the person ever suffered from the same injury or any other medical condition? Yes  No

If yes, give details including date of last occurrence 

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No. of days as an in-patient

Do you have a Private Health Insurance Policy? Yes  No

If yes, give details

## Dental Treatment

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Reason for admittance

Date of occurrence 

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Has the person ever suffered from the same dental condition? Yes  No

If yes, give details including date of last occurrence 

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Do you have a Private Health Insurance Policy? Yes  No

If yes, give details

## Personal Accident

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Date of occurrence

Time of Accident:

Place of accident

State circumstances

## Public Liability

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Date of loss

Time

Place of incident

State circumstances  
of incident

Details of third parties involved (including third party legal representatives if applicable)

Name/s

Address

Email

Tel No.

Fax

Details of any damaged third party property

## Data and Privacy Protection

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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.

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Signature of Policyholder \_\_\_\_\_

Date

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