



## Pet Insurance Claim Form For Third Party Liability

Please send this form to Atlas Insurance PCC Limited – Ta' Xbiex Seafront, Ta' Xbiex, Malta. PLEASE FILL IN ALL DETAILS and use BLOCK capitals throughout.

Policy No.

### 1. About You

Policyholders' Full Name  ID. Card No.

Postal Address

Telephone No.  Mobile No.

Email Address

### 2. About: Your Pet

Your Pet's Name  Microchip Number

Male  Female  Dog  Cat

Breed

How long have you owned the animal?

How long has the animal been in your property?

### 3. Details of Home Insurance

Do you have Home Insurance? Yes  No

If yes please provide

the name of the Insurance Company

your home insurance policy number

### 4. Details of Incident

Date of incident         Time  am  pm

Place of incident

Please explain how the incident happened and who or what you think was responsible (use an extra sheet of paper if needed)

Was the insured pet injured or killed?

Yes  No

Injured  Killed

If your pet is a dog, was the animal on a lead at the time of the incident?

Yes  No

If yes, what type of lead was being used?

Describe your pet's usual nature

Has your pet ever reacted or behaved in this way?

Yes  No

If yes, please provide details

Who was in charge of your pet at the time of the incident?

Policyholder  Other

If the person in charge was anyone other than the policyholder please advise:

Name

Postal Address

Telephone No.

Why was this person in charge of your pet at the time?

## 5. Personal Injuries/Illness/Death

Please complete if applicable

Did the incident result in injury, illness or death for the third party?

Injury  Illness  death

Details of Third Party:

Name

Postal Address

Date of Birth

Occupation

Employers name (if known)

Employers Address

Describe the nature and extent of the injuries/illness

Was the third party treated by a doctor, paramedic or first aider at the scene of the incident?

Yes  No

If the third party was taken to hospital, which hospital?

How much contact had the third party had with your pet prior to the incident?

## 6. Property Damage

Please complete if applicable and retain damaged items for inspection

Details of Property Owner:

Name

Postal Address

Telephone No.

Please describe the property and the damage caused to it

What is the age of the damaged property?  What is the value of the damaged property? €

Is the damaged property insured? Yes  No

If yes please give:

the name of the Insurance Company

your home insurance policy number

## 7. Witness Details

Witness 1

Name

Postal Address

Telephone No.

Witness 2

Name

Postal Address

Telephone No.

## 8. Police

Were the police involved or have they been told about the incident ?

Yes

No

If Yes please advise :

Police station

Police reference

Police officers  
name & No.

## 9. Claims History

Have you received any claim in writing about the incident?

Yes

No

If Yes please attach all documents

*Note : You must not reply to any of these claims before speaking to us.*

Please give details of all your previous Third Party Liability Claims

## 10. Insured's Direct Credit Details

**Please complete your bank details if you wish us to transfer claim settlement into your bank account.**

Bank Account details

Name of Bank

Country

IBAN No.

