



Claim No.

Any applicable extensions:

Policy No.

Sprint Cover

Intermediary

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

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

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

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

Date of occurrence

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Time of Accident:

Place of accident

State circumstances

Public Liability

Date of loss

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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

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.

