

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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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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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

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