



Policy No.  Intermediary  Claim No.

Any applicable extensions: Continental Motoring  Increased Hire-Vehicle Excess   
Slalom Extension (Skiing)

## Travelpak Claim Form

### General Section (this section should be completed by all claimants)

Policy Holder Name

Name of Claimant/s

Address

I.D. Card No.  Email Address

Telephone No.  Mobile No.

Occupation/Name of Employer  Age

Purpose of trip  Date of booking of trip

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

#### Other Insurance -

a. Do you have an HSBC Credit Card (Premier/Advance), BoV Credit Card (Visa Gold/Platinum/Skypass) or any other bank debit/credit card that has automatic travel insurance? Yes  No

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

If yes, state which bank card/policy/insurance company

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

If yes, give details

### A. Cancellation & Abandonment Charges

Scheduled date and time of departure  Time

Date of cancellation/abandonment

Reason for cancellation/abandonment

Name of sick/injured person

Relationship to insured

Nature of illness/injury

Amount paid in respect of travel tickets (net of taxes) and any other non-refundable expenses

Was travel agent or ticket issuing office notified immediately of cancellation Yes  No

Name of Travel Agent or ticket issuing office

Was refund for taxes applied for? Yes  No

Kindly state name of General Practitioner who examined sick/injured person/s

Was your ticket obtained through any travel loyalty scheme?

### **B. Emergency Medical & Other Expenses**

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Nature of injury or illness

Date of occurrence

Name and address of your family doctor

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

If yes give details including date of last occurrence

Expenses claimed

Do you have a private health insurance policy Yes  No

If yes, give details

Did you notify Global Response prior to any treatment for the illness/injury sustained Yes  No

### **C. Hospital Benefit**

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Reason for admittance

Duration of stay in hospital From  To

Has the person ever suffered from the same illness/medical condition Yes  No

If yes give details including date of last occurrence

Do you have a Private Health Insurance Policy Yes  No

If yes, give details

IMPORTANT: If applicable prior to your journey have you taken the necessary vaccinations/inoculations as recommended by the Health Department? Yes  No

If yes, give details

### **D. Personal Accident**

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Date of occurrence  Time of Accident:

Place of accident

State circumstances

### E. Baggage

Date of occurrence

Time

Place

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

Time

Circumstances of loss or damage:

Delayed baggage:

Scheduled time of arrival according to original itinerary:

Actual time of delivery of baggage:

Details of items claimed:

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

### Passport

Circumstances of loss

Date

Time

Date and Time you reported your loss to the police and Embassy/Consulate

Time

List the additional travel and accommodation expenses incurred to obtain a temporary passport

### F. Personal Money

Circumstances of loss

Date

Time

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

Time

Amount of money exchanged prior to your trip

Amount of money lost or stolen

What financial arrangements were made following your loss to continue your trip:

### G. Personal Liability

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

**H/I/J - Delayed Departure/Missed Departure/Hijack**

Date and time of original departure (according to itinerary)           Time

Flight No.  Destination

Reason for delay

Date and time of rescheduled departure           Time

In case of cancellation – Date and time of official cancellation of flight           Time

Reason of cancellation of flight

**K - Hire-Vehicle 'Excess'**

Date and time of accident           Time  Locality

Short Description of Incident

If the incident was a collision, were you at fault? Yes  No  Policy Excess Paid

Name of Vehicle Hiring Company

**L - Cancelled Services Extension**

Scheduled Date and time of departure           Time

Date of Cancellation

Reason for Cancellation

Additional Expenses Incurred

**M - Coronavirus Extension**

For any claims related to Coronavirus, please fill in the section applicable to your claim. The sections applicable to this cover are Section A, Section B, Section C and Section I.

## N - Continental Motoring Extension (if purchased)

Date and time of accident	<input type="text"/>	Time	<input type="text"/>	Locality	<input type="text"/>
Destination	<input type="text"/>				
Driver at time of accident	<input type="text"/>	Vehicles involved	<input type="text"/>		
Circumstances of loss	<input type="text"/>				
Emergency expenses incurred	<input type="text"/>				

### 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	<input type="text"/>
Name of Bank	<input type="text"/>
Country	<input type="text"/>
IBAN No.	<input type="text"/>

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- 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