



Claim No.

Any applicable extensions:

Policy No.

Cruise Cover

Business Travel

Intermediary

Tee Off

Continental Motoring

## Travel 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 journey

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

If yes, give details

### Cancellation & Abandonment Charges

Scheduled date and time of departure 

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Date of cancellation/abandonment 

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Reason for cancellation/abandonment (including cruise excursions)

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?

### 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 IMR prior to any treatment for the illness/injury sustained Yes  No

### Hospital Benefit

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Reason for admittance

Date of occurrence

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

### Personal Accident

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Date of occurrence  Time of Accident:

Place of accident

State circumstances



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

**Delayed Departure & Missed Departure**

Date and time of original departure (according to itinerary)

Flight No.  Destination

Reason for delay

Date and time of rescheduled departure

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

Reason of cancellation of flight

**Continental Motoring Extension**

Date and time of accident   Locality

Destination

Driver at time of accident  Vehicles involved

Circumstances of loss

Emergency expenses incurred

**Data Protection Notice**

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about You or relating to You and/or to any other person/s on whose behalf you are making this claim (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act"). By making a claim with Atlas, You and Others accept the terms of this Statement. You hereby warrant that you have presented this statement to 'Others' and have obtained their necessary explicit verbal consent to:

- a. the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (but not limited) to handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- b. the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, Insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare providers of any kind or any person, body or authority authorised by law to receive personal data;
- c. the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in paragraph (a) above;
- d. the Group keeping You and Others informed of their products and services by any means. You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive this information;
- e. the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on [http://www.atlas.com.mt/Legal/Data\\_Protection.aspx](http://www.atlas.com.mt/Legal/Data_Protection.aspx).

Signature of Insured \_\_\_\_\_ Date

Name (in BLOCK letters) \_\_\_\_\_

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