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

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. Policyholder Declaration - to be completed by Policyholder(s)

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.

Signature of Policyholder _____ Date ☐☐☐☐☐☐☐☐