



Purchase Protection Claim Form

General Section

Full Name _____

Address _____ Post Code _____

I.D. card _____ Date of birth _____ DD MM YYYY

Occupation of insured _____

Tel/Mob No _____

Credit Card No _____ Email Address _____

Classic or Gold Card Holder? Classic Gold Card

Documents Needed

The documents need to be presented to:
Jatco Insurance Brokers Ltd., 2, Fontana Mansion, Bisazza Street, Sliema, SLM 1643

Send original documents but keep copies for your records

- Original sales receipt
- Original VISA voucher, or Card statement as proof of purchase
- Special notes

The claim can only be made by the cardholder.

You must report any event that may result in a claim and obtain a written report from police/authorities in event of theft to confirm this within 36 hours of the event.

You must notify Jatco Insurance Brokers of a claim within 45 days from the event. If you do not submit your claim within the specified period, they will not be held liable for payment.



Questionnaire

Please answer all questions below. Use block capital letters per answer.

1. Details of loss.

Please provide details of events that led to this claim

2. Did you report the loss?

Yes No

Date Reported

DD

MM

YYYY

3. If Yes, please provide details including any written reports or crime reference.

4. Details of lost/stolen/damaged items (including make and model)

Where purchased

When purchased

Purchase price

Amount claimed

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Questionnaire

5. Is the damage repairable?

Yes No

Date Reported

6. Other insurance

You must complete this section in full. If you do not, we will return it back to you for completion and it will delay settlement of the claim.

Do you have any other insurance that will cover this loss?

Yes No

If Yes, please provide the name and address of your insurer

Declaration

The making of a fraudulent Insurance claim is a criminal offence. You may be prosecuted if you make fraudulent claims. Claim forms cannot be accepted by Fax as original supporting documentation is required for all claims.

I/We hereby declare that all information, answers and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief and there are no insurances covering this loss except for any stated above. I/We have not omitted any material information, which would effect the Underwriters judgment of the claim.

Date Reported

Cardholder's Signature