

Purchase Protection Claim Form

General Selection

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 PCC Ltd, The Reed Centre, 'Blue Harbour', Ta' Xbiex Marina,
XBX1027

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

MM _____ YYYY

Date Reported ____ DD ____

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 claimed	When purchased	Purchase price	Amount
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Questionnaire

5. Is the damage repairable?

☐ Yes ☐ No

Date Reported ____ DD ____ MM ____ YYYY

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 affect the Underwriters judgement of the claim.

Date Reported ____ DD ____ MM ____ YYYY

Card Holder's Signature _____

protection of your personal data, please refer to our full Privacy Policy available at [Privacy Policy](#). We encourage all claimants to review the Privacy Policy to understand our practices and procedures in managing your personal information in accordance with legal and regulatory requirements.

BNF Bank p.l.c.

Registered in Malta: C41030

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