

TRAVEL CLAIM FORM

Branch/Broker/Agent _____

Claim No. _____

Please Complete General Section and then the Section(s) to which your claim(s) relate(s).

GENERAL SECTION	
<p>1. Full Name of Claimants</p> <p>Address of First Claimant</p> <p>Do you have any other policies in force with GasanMamo Insurance Limited?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>E-mail address: _____ Age: _____</p> <p>ID Card No. _____ Passport No. _____</p> <p>Occupation _____</p> <p>Name of Employer _____</p> <p>Telephone No. Home _____ Business _____</p> <p>Mobile _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give details _____</p>
<p>2. Policy No</p> <p><i>(Attach Policy Certificate or Schedule)</i></p>	<p>_____</p> <p>Departure: _____ Arrival: _____</p>
<p>3. Is there any other insurance in force (e.g. Householders/Personal Accident/All Risks/Travel/Credit Card/Gold /Premier/Platinum Account Holders etc) which also covers this loss/expense?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state:-</p> <p><i>Insurance Co</i> _____</p> <p><i>Address</i> _____</p> <p><i>Policy No</i> _____</p>
<p>4. Have you ever before claimed under a travel policy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details:-</p> <p>_____</p> <p>_____</p>
<p>5. (a) Total length of Holiday</p> <p>(b) Countries visited</p> <p>(c) Purpose of Journey</p>	<p>_____</p> <p>_____</p> <p><input type="checkbox"/> <i>Holiday</i> <input type="checkbox"/> <i>Business</i> <input type="checkbox"/> <i>Other</i></p> <p>If 'Other', please specify _____</p> <p>_____</p> <p>_____</p>

MEDICAL EXPENSES (ATTACH MEDICAL CERTIFICATES AND INVOICES)

1. Nature of injury or illness.		
2. Duration of injury or illness	From : ____/____/____ to ____/____/____	
3. Briefly describe the circumstances of the injury or illness		
4. If illness, have you suffered from this illness previously? If Yes please advise date when previously suffered	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Did you require consultation or treatment during the past 12 months relating to this illness/injury		
6. Did you know about your illness prior to your departure from Malta?		
7. Did you require the assistance of the Emergency Medical Service:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give details:- _____ _____	
8. Details and nature of medical and other expenses incurred	Description _____ _____ _____ _____	Amount Claimed _____ _____ _____ _____
9. Please specify details of any Private Health Insurance which covers you for the above expenses	Insurer _____ Address _____ Policy Number _____	

CANCELLATION AND CURTAILMENT (Attach Medical Certificates and Invoices if applicable)

1. Please state reason for cancellation or curtailment of holiday.		
2. Date of event leading to the cancellation or curtailment		
3. If caused by illness, have you suffered from this before? If, so please give details.		
4. Have any deposits been recovered? If Yes , state amount If No , what steps have been taken to obtain recovery of deposits	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____ _____	
5. Amount Claimed (Attach Invoices)		
6. Number of Persons Claiming		

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405.

Declaration: -

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

I further authorise my Doctor or any other person who has attended me, or any hospital in which I have been treated to disclose to the Insurance any knowledge or information relating to this claim

Date

Signature of Policyholder

Full name in block letters

