

Return this form together with all necessary documents to:-
Gasamamo Insurance, Msida Road, Gzira GZR 1405 Malta

For any queries please call 21 345 123 ext 5



Travel Claim Form – Other

(Personal Accident, Travel Delay, Missed Departure, Rental Vehicle Insurance Excess, Cancellation of Service, Pet Care Cover & Piste Closure)

Branch/Broker/TII _____

Claim Number _____

General Section

Name & Surname of Claimants	_____ _____ _____
Address of first claimant:	_____ _____ _____
E-mail Address: _____ I.D. Card No. _____ Age _____	
Occupation _____ Name of Employer _____	
Telephone No. Home: _____ Mobile: _____ Business: _____	
Do you have any other policies in force with Gasamamo Insurance Ltd?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes provide details _____ _____
Policy Number: (Attach Policy Certificate or Schedule)	Departure: _____ Arrival: _____
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?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please state:- Insurance Company: _____ Address: _____ Policy Number: _____
Have you ever claimed under a travel policy before?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:- _____ _____
(a) Total length of Holiday (b) Countries visited (c) Purpose of Journey	a. _____ b. _____ c. _____

Signature _____

SECTION 1: Personal Accident (Attach Medical Certificates)

1. Date, Time & Place of Accident	
2. State how the accident occurred and what you were doing at the time	
3. Name & address of the doctor attending you	
4. Please specify the injuries you have sustained	

SECTION 2: Travel Delay (Attach confirmation from carrier/handling agent)

1. Reason for Travel Delay	
2. a. Date & Time of Scheduled Departure b. Date & Time of Actual Departure	a. b.
3. Please provide evidence substantiating the delay	

SECTION 3: Missed Departure

1. Reason for missed departure	
2. a. Date & Time of Missed Departure b. Date & Time of Actual Departure	a. b.
3. List reasonable additional travel and accommodation expenses incurred as a result of missed departure. (Attach Receipts).	

Signature _____

SECTION 4: Rental Vehicle Insurance Excess

1. Date of Accident	
2. Give the exact details of how the loss or accident occurred	
3. Date & time when report was made to the police (in case of accident)	
4. Amount claimed (attach invoices and copy of Rental Agreement)	

SECTION 5: Cancellation of Service (Attach confirmation from carrier/handling agent)

1. Please State reason for cancellation of service.	
2. Date of event leading to the cancellation of service.	
3. List reasonable additional travel and accommodation expenses incurred as a result of the cancellation of service	
4. Amount claimed (attach invoices)	
5. Number of persons claiming	

SECTION 6: Pet Care Cover

1. Was your pet admitted as an in-patient for treatment as a result of an accident?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. Date & time admitted for veterinary treatment	___/___/___	_____ am/pm
3. Date & time discharged from veterinary treatment	___/___/___	_____ am/pm
4. Letter from Vet confirming dates and times of both admittance and discharge	Attach relative documentation	

SECTION 7: Piste Closure (Attach document from Resort Management confirming closure)

1. Please state reason for closure of Piste	<hr/> <hr/> <hr/>	
2. Date & time of event leading to the closure	___/___/___	_____ am/pm
3. Date & time of re-opening (if applicable)	___/___/___	_____ am/pm
4. Number of Persons Claiming	<hr/> <hr/>	

Signature _____

SECTION 4: Direct Credit Details

Kindly complete your bank details below if you would like to receive payment of your claim directly into your bank account. We can only make SEPA payments.

Account Holder Details:

Name _____ ID/Passport No: _____

Address: _____

Town: _____ Country: _____

Email Address: _____ Mobile: _____

Bank Account Details:

Name of Bank: _____ Country: _____

IBAN No: _____

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 GZR 1405.

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.

Date

Full name in block letters

Signature of Policyholder