

For any queries please call 21 345 123 ext 5

## Travel Claim Form – Medical & Cancellation

Branch/Broker/TII \_\_\_\_\_

Claim Number \_\_\_\_\_

### General Section

<b>Name &amp; Surname of Claimants</b>		
<b>Address of first claimant:</b>		
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
<b>Policy Number:</b> (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	a.	
b. Countries visited	b.	
c. Purpose of Journey	c.	

Signature \_\_\_\_\_

**SECTION 1: Medical Expenses (Attach Medical Certificates & Invoices)**

1. Nature of Injury or Illness.		
2. Duration of Injury or Illness	From the: ___ / ___ / ___ to the ___ / ___ / ___	
3. Briefly describe the circumstances of the injury or illness.		
4. If illness, have you ever suffered from this illness previously? If <b>Yes</b> 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 <b>Yes</b> , please give details:-	
8. Details and nature of medical and other expenses incurred.	<u>Description</u>	<u>Amount Claimed</u>
9. Do you require any further treatment in Malta related to your injury/illness?	YES <input type="checkbox"/> NO <input type="checkbox"/> If <b>Yes</b> , please give details:-	
10. Please specify details of any private Health Insurance which covers you for the above expenses.	Insurer: _____ Policy Number: _____ Address: _____	
11. Did you make use of your European Health Insurance card on your admission to hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Signature \_\_\_\_\_

**SECTION 2: Cancellation & Curtailment (Attach Medical Certificates & 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 <b>Yes</b> state amount. If <b>No</b> , 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	

**SECTION 3: Hospital Benefit**

1. Were you admitted to hospital as an in-patient as a result of accident or illness?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. Date & time admitted to hospital	___ / ___ / ___	_____ am/pm
3. Date & time discharged from hospital	___ / ___ / ___	_____ am/pm
4. Letter from hospital confirming dates and times of both admittance and discharge	<b>Delete as necessary</b> <i>attach / to follow</i>	
5. Did you make use of your European Health Insurance card on your admission to hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

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