

Commercial Claim Form

Branch/Broker/TII Policy Number

Please return this form together with any related documentation to: Gasamamo Insurance, Msida Road, Gzira GZR 1405 Malta. For any queries please call on 21 345 123 ext 5 or send an email on insurance@gasamamo.com

INSURED'S DETAILS

Name: _____ Address: _____

Company Reg. Number: _____

Telephone: _____ Country: _____

Mobile: _____ Post Code: _____

Occupation/Nature of Business: _____ E-Mail: _____

VAT Number: _____ VAT Status: _____

GENERAL QUESTIONS

Date of incident: / / Time of incident: : AM/PM

Address at which loss or damage occurred: _____ Same as Above:

If different, please provide us with address.

State how the loss or damage occurred.

Were there any witnesses to the accident? Yes No

If yes, please give details (e.g. Name, Surname, I.D card no, Address, Mobile No, Telephone No)

Signature: _____

Are there any person/s responsible for the loss or damage? Yes No

If yes, please give details (e.g. Name, Surname, Address, Mobile No, Telephone No)

Was a police report made? Yes No

If yes, please give details below

Date of Report: / Time of Report: AM/PM

Police Report Number: Location of Police Station:

If no, please give reason why a report was not made to the police.

Is the property owned by you? Yes No

If no, please give details of property owner (e.g. Name, Surname, Address, Mobile No, Telephone No)

Do you hold any other insurance policies which may cover this occurrence? Yes No

If yes, please give details.

Insurer	Type of Insurance	Policy Number	Sum Insured

Have you previously suffered any loss or damage from a similar cause? Yes No

If yes, please give details.

Does this claim concern a burglary? (If yes, please complete next section) Yes No

Signature: _____

When was the theft discovered and by whom?

Where the premises occupied at the time of theft?

Yes

No

If no, please give details below.

Date when premises were last occupied:

/	/
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Details:

How was entry gained and where there visible signs of forced entry or exit?

Was an alarm system in operation at the time of theft?

Yes

No

If yes, was the alarm activated?

Yes

No

Description of property lost/ stolen/ damaged	Date of purchase	Original purchase price in € /Not applicable	Repair/Replace	Amount being claimed in € / To be advised

Signature: _____

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 payment.

Account Holder Details:

Name: _____ ID/Passport No: _____

Address: _____

Town: _____ Country: _____

Email Address: _____ Mobile: _____

Bank Account Details:

Name of Bank: _____ Country: _____

IBAN No: _____

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