

## Marine Cargo Claim Form

Branch/Broker/TII

Policy Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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](mailto:insurance@gasamamo.com)

### INSURED'S DETAILS

Name:  Address:

I.D. Card Number:

Telephone:  Country:

Mobile:  Post Code:

VAT Reg No:  Email:

### CLAIM DETAILS

Consignment of  Name of Vessel:  Country of Origin:

At Malta on  /  /  Date of Delivery/Collection:  /  /

List the details of the loss and/or damages.


Please state the amount being claimed  €

Was the loss/damage noted on delivery note? Yes  No

If no, please give reason

### DOCUMENTS

Original Policy/ Certificate of Insurance/ Declaration Number  Customs/NSO Entry Forms

Shipping Invoice, Freight Invoice and Packing List  Notice of Arrival

Bill of Lading or Air Waybill or CMR  Replies to letters/emails of reserve

Delivery receipt endorsed with damages/shortages

Copies of letters/emails of reserve to carriers and other parties concerned

Delivery receipt issued by person collecting consignment from supplier/warehouse/depot

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**