

Branch/Broker/TII:

Policy No:

Return this form together with all necessary documents to:- GasanMamo Insurance, Msida Road, Gżira GZR 1405 Malta. For any queries please call 2134 5123 ext 5.

## INSURED'S DETAILS

Name:

ID No:

Address:

Tel No / Mob No:

Contact Person:

Company Reg No:

VAT No:

Email:

Occupation / Nature of Business:

Business Address:

## SECTION 1

Date of accident:  /  /

Time of accident:  :

am/pm

Where did it happen? (Address of premises & description of site)

What was the nature of the work you (the policyholder) were undertaking at the place of the accident?

---

---

Who was in charge?

## SECTION 2

Give a detailed explanation on how the accident occurred. (Attach a signed statement if space is not enough)

---

---

---

---

When, and by whom was the accident reported to you?

---

---

In your opinion was anyone to blame for the accident?

---

---

Did anyone admit it was their fault?

Yes

No

If yes, who?

## SECTION 3

Was the accident reported to the police?

Yes

No

Which police station?

## SECTION 4

Give name(s) of person(s) injured or whose property was damaged. (If more than one person, please list under **Additional Remarks**)

Name:

---

Age:

Contact No/s:

---

---

Please describe what injuries were sustained.

---

---

---

---

Name of doctor/hospital by whom treatment was given:

---

---

Please describe the property which got damaged and the nature of damages.

---

---

---

---

Amount being claimed: €

## SECTION 5

Please give name(s) and address(es) of any witnesses of the accident.

---

---

---

---

Has any claim been made against you? (Any letter or document you receive should be forwarded to us immediately and unanswered)

---

---



## 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: