

Branch/Broker/TII:

Policy No:

Please return this form together with any related documentation to: GasamMamo Insurance, Msida Road, Gżira, GZR 1405, Malta. For any queries please call on 2134 5123 ext 5 or send and email on insurance@gasammamo.com

INSURED'S DETAILS

Name:

ID No:

Address:

Tel No / Mob No:

VAT No:

Email:

CLAIM DETAILS

Consignment of:

Name of Vessel:

Country of Origin:

At Malta on: / /

Date of Delivery/Collection: / /

Please list the details of the loss and/or damages.

Amount being claimed: €

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

If no, please give reason.

DOCUMENTS

Please mark and attach with this claim form the following documents:

- | | |
|---|--|
| <input type="checkbox"/> Original Policy / Certificate of Insurance / Declaration Number | <input type="checkbox"/> Customs / NSO Entry Forms |
| <input type="checkbox"/> Shipping Invoice, Freight Invoice and Packing List | <input type="checkbox"/> Notice of Arrival |
| <input type="checkbox"/> Bill of Lading or Air Waybill or CMR | <input type="checkbox"/> Replies to letters / emails of reserve |
| <input type="checkbox"/> Delivery receipt endorsed with damages / shortages | <input type="checkbox"/> Copies of letters / emails of reserve to carriers and other parties concerned |
| <input type="checkbox"/> Delivery receipt issued by the person collecting consignment from supplier / warehouse / depot | |

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 payment.

Account holder details

Name: ID No:

Address:

Town: Mob No:

Email:

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: