

Branch/Broker/TII:

Policy No:

Return this form together with respective documents (payslips/FS3/medical certificate/NI30) to: - GasamMamo 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

On what date did you first become aware of the claim or the fact or circumstances?

On what date was the claim or the suggestion of a claim first made to you?

When did you perform the work out of which the claim arises or may arise?

What work did you perform out of which the claim arises or may arise?

Was the first notification of a claim oral or in writing? If in writing, please attach copies of all correspondence exchanged. If oral, please give detailed description of what was discussed including dates of your conversations.

Who is the person within the firm/company, who actually performed the work or against whom the claim or potential claim is principally directed?

What is the person's title, duties and contact details?

Please provide us with the name and contact details of the claimant who is making a claim against you.

SECTION 2

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

What amount, if any, is claimed?

If known, what does this amount consists of?

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

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: