

Branch/Broker/TII:

Policy No:

Return this form together with respective documents (invoices/receipts/quotations) to: - GasamMamo Insurance, Msida Road, Gżira GZR 1405 Malta. For any queries please call 2134 5123 ext 5.

## INSURED'S DETAILS

Name of Insured:

ID No:

Address:

Tel No / Mob No:

Contact Person:

VAT Status:

VAT No:

Company Reg No:

Occupation / Nature of Business:

Insured Address:

Email:

### Important Notes:-

**You are kindly requested to answer in full all questions in the applicable sections. You are also obliged to provide us with relevant reports to substantiate your claim together with quotations and invoices covering repairs/replacements. Please keep in mind that you are to take immediate steps to limit the damages.**

Please give details below:

Name of Property Management Company:

Name of Property Manager:

Telephone / Mob No:

Email:

Details of other insurances covering the property:

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## TENANCY DETAILS

Please give full particulars of defaulting tenant. (name, address, contact details, etc)

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Lease term: *From* / / *to* / /

Periodic  or Fixed

Rent per month/day:

Date tenant moved in: / /

Did the tenant move out of the premises?  Yes  No

If yes, when did he/she move out?

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Did the tenant give any notice to leave the property?  Yes  No

If yes, when was notice given?

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Did the tenant submit any complaints e.g. regarding disrepair?  Yes  No

If yes, please give details.

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Did you receive a bond fund/deposit?  Yes  No

If yes, please state value.

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Date of last rent paid up to (excluding bond/deposit): / /

Has the property been re-let?  Yes  No

If no, why?

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Address of Police Station where you reported the incident:

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Date & Time incident was reported to police: / / : am/pm

## TENANCY DETAILS - CONTINUED

Have you previously suffered loss or damage from a similar cause?

Yes

No

If yes, please give details.

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Do you hold any other insurance policies which may also cover this occurrence such as **Credit Card Insurance**, individual All Risks or any other type of policy.  Yes  No

If yes, please give details

Insurer:

Policy Number:

Sum Insured:

## LOSS OF RENT CALCULATION

Loss of rent:    *From*    /    /    *to*    /    /    = no of days                      \* rent/day    €

Less first 31 days \* rent/day

€

Less deposit

€

Total amount in loss of rent

€

Maximum amount claimable (policy sum insured)

€

## DOCUMENTS

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

**Copy of rental history ledger (showing full rental history)**

**Lease agreement for the defaulting tenant confirming lease commencement and expiry dates**

**Copy of breach notices, termination notices, court orders against the tenant**

**Proof of advertising for reletting**

**Copy of lease agreement of new tenant**

**Notice to vacate issued to the tenant**

## 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: