

Branch/Broker/TII:

Policy No:

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

INSURED'S DETAILS

Name & Surname of claimant:

Address:

ID No:

Tel No/Mob No:

Occupation:

Name of Employer:

Email:

GENERAL SECTION

Do you have any other policies in force with GasanMamo Insurance Ltd?

Yes

No

If yes, please give details.

Departure Date:

Arrival Date:

Is there any other insurance in force (e.g. Homeholders/Personal Accident/All Risks/ Travel/ Credit Card/Gold/Premier/ Platinum Account Holders etc) which also covers this loss/expense?

Yes

No

If yes, please give details below.

Insurance Company:

Policy No:

Type of Policy:

GENERAL SECTION - CONTINUED

Have you ever claimed under a travel policy before?

Yes

No

If yes, please give details.

Total length of holiday:

Countries Visited:

Purpose of Journey:

Please choose applicable section.

BAGGAGE

Please give the exact details of how the loss or damage occurred and the action taken by you. (Please retain damaged articles).

Date, time and place of loss or damage:

If the loss or damage occurred whilst baggage was in transit, date and time of report made to carrier? (Please attach report from carrier, airline ticket and baggage tag.)

Date and time when report was made to the police. (Please attach report).

Date: / /

Time: : am/pm

In the event of baggage having been lost for more than 12 hours on the outward journey, for how long was baggage missing in total? (Attach note from carrier)

Description of baggage items lost or damaged or bought as emergency expenses. (Attach Invoices/Receipts)

Date of purchase

Original price paid

Amount being claimed in €

If the space on this form is insufficient, please continue on a separate sheet

PERSONAL MONEY

Total amount of money taken abroad for your trip.

Currency / Amount:

Total amount of money lost or stolen. (Attach any evidence or documentation, bank or exchange bureau receipts where applicable.)

Currency / Amount:

What financial arrangements did you make to enable you to carry on your trip following the loss? (attach documentary evidence)

LOSS OF PASSPORT

Date: / /

Time: : am/pm

Please list details including amount claimed in respect of additional travel and accommodation expenses incurred to obtain a temporary passport. (Attach documentary evidence)

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: