

Branch/Broker/TII:

Policy No:

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

## INSURED'S DETAILS

Name:

ID No:

Address:

Tel No / Mob No:

VAT No:

Email:

## DETAILS OF ACCIDENT

Date: / /

Time: : am/pm

Place:

Details of person operating the boat: Same as above

Other

If Other: Name & Surname:

Tel / Mob No:

Address:

Please give exact details of how the accident happened. (If this space is not enough continue on a separate sheet)

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## DETAILS OF ACCIDENT - CONTINUED

At what speed were you cruising?  Knots  N/A

For what purpose was the vessel being used? Private Use  Racing  Chartered

Was any person involved in the accident under the influence of alcohol or drugs? Yes  No

If yes, please give details.

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If any salvage service has been rendered, please give full details including name and address of salvors and the circumstances necessitating salvage.

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## DAMAGE TO VESSEL

Did you suffer any damage to your vessel?  Yes  No

If yes, please give details below.

Description of damage

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Amount being claimed in €

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Where is the damaged vessel being kept?

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## THEFT

Was there evidence of forcible entry or exit from vessel?  Yes  No

If yes, please give details.

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Please give description of items stolen below.

| Description of item | Date of purchase | Original purchase price | Amount being claimed |
|---------------------|------------------|-------------------------|----------------------|
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If theft of outboard motor: i. was it locked in a place of storage?  Yes  No  
ii. was it secured by an anti-theft device?  Yes  No

**THIRD PARTIES**

Where there any known third-party injuries or damage to property?  Yes  No

If yes, please give details.

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Have you received any claim or demand from a third party?  Yes  No

If yes, please state amount: €

In your opinion, was anyone to blame for the accident?  Yes  No

If yes, please give details.

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**N.B. All communications from third parties should be forwarded immediately to our company. Remember your rights under the policy may be prejudiced if you admit liability without the prior consent of the company.**

## WITNESSES

Please provide names, addresses and contact numbers of crew/passengers in insured vessel.

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Please provide names, addresses and contact numbers of any independent witnesses.

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## LOSS HISTORY

Give details of any previous accidents or losses in connection with any vessel owned or sailed by you.

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## DOCUMENTS

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

Police Report

Technical Report

Sketch

Official Estimates

Survey Report

Other

## 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:

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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: