

COMMERCIAL CLAIM FORM

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 an email on insurance@gasanmamo.com
INSURED'S DETAILS
Name: ID No:
Address:
Tel No / Mob No: Contact Person:
Email:
Occupation / Nature of Business:
VAT No: VAT Status:
GENERAL QUESTIONS
Date: / / Place:
Address at which loss or damage occurred: Same as above
If different, please provide us with address.
Address:
State how the loss or damage occurred.

GENERAL QUESTIONS - CONTINUED					
Were there any witnesses to the accident? Yes No					
If yes, please give details. (e.g. Name, Surname, I.D Card No, Address, Mobile No, Telephone No)					
Are there any person/s responsible for the loss or damage? Yes No					
If yes, please give details. (e.g. Name, Surname, I.D Card No, Address, Mobile No, Telephone No)					
Was a police report made? Yes No					
If yes, please give details below.					
Date of Report: : am/pm					
Police Report Number: Location of Police Station:					
If no, please give reason why a report was not made to the police.					
Is the property owned by you? Yes No					
If no, please give details of property owner. (e.g. Name, Surname, Address, Mobile No, Telephone No)					
Do you hold any other insurance policies which may cover this occurrence? Yes No					
If yes, please give details below.					
Insurer Type of Insurance Policy Number Sum Insured					
Have you previously suffered any loss or damage from a similar cause? Yes No					

GENERAL QUESTIONS - CONTINUED
If yes, please give details.
Does this claim concern a burglary? (If yes, please complete next section.)
BURGLARY
When was the theft discovered and by whom?
Were the premises occupied at the time of theft? Yes No
If no, please give details below. Date when premises were last occupied: / /
Details:
How was entry gained and were there visible signs of forced entry or exit?
Was an alarm system in operation at the time of theft? Yes No
If yes, was the alarm activated?

COMPUTATION				
Description of property lost / stolen / damaged	Date of purchase	Original purchase price in € / Not applicable	Repair / Replace	Amount being claimed in € / To be advised
DIRECT CREDIT DE	TAILS			
Kindly complete your account. We can only n	nake SEPA payment.	ou would like to receive	payment of your claim	directly into your bank
Name:		ID No	/ Company Reg No.:	
Address:				
Town:		Mob N	lo:	
Email:				
Bank account details				
Name of Bank:		Count	try:	
IBAN No:				

DATA PROTECTION NOTICE

GasanMamo Insurance Limited having company registration number C3143 and registered office at Head Office, Msida Road, Gzira, Malta, is the data controller of personal data held about you and/or other individuals to be covered under a policy. Within the context of this notice, "GasanMamo" means GasanMamo Insurance Limited and/or any of its affiliates, subsidiaries or associated entities. The data that you provide to us, including sensitive data, will be used for the administration of quotations and policies, insurance underwriting, for handling and settling claims, for management information and for the prevention and detection of fraud and other crimes.

We may collect information about other individuals, such as your family members including minors, whom you propose to insure or insure with us. Yours and other individuals' information may be collected and disclosed from/to associated companies, intermediaries, re-insurers and other entities for the conduct of insurance purposes and for our legitimate interest such as:

- checks against publicly available information (like court judgements, or court orders) for assessing your application or at renewal or when issuing an endorsement. Similar checks may be made in assessing any claims made.
- claims handling purposes where information may also be shared with other insurers either directly or via those acting for the
 insurer such as loss adjusters, surveyors, and investigators. In certain instances, we may require to be provided with further
 medical information from any doctor, hospital, clinic, laboratory or any related medical practitioner and healthcare providers.
- for research or statistical purposes, including to analyse how people use our websites, view our products, respond to our advertising and to improve our understanding of what customers need.
- for training purposes, to improve our services and their delivery, for example by recording telephone calls.
- to communicate with you about your quotation, product or service, including improvements we make to the ways you can access your information
- to prevent, detect suppress and/or prosecute fraud where we may at any time share information about you with other organisations, regulatory and public bodies (if applicable overseas), undertake credit searches and additional fraud searches, check and/or file your details with fraud prevention agencies and databases (such as the Malta Insurance Fraud Platform).
- · third party suppliers or service providers to conduct certain business operations as per our outsourcing agreements.

If you give us information, including sensitive information, about other individuals, you confirm that they have given you their permission to provide their personal information to GasanMamo Insurance and for GasanMamo Insurance to process their personal information and also that you have told the individuals who we are and how we use their data, as set out in our Privacy Policy.

We will retain personal information for as long as it is necessary to fulfil the above mentioned purposes for which it was collected and for a period of time permitted by law in order to comply with our legal obligations and requirements.

You have the right to request access to the personal information we hold about you. In certain instances, you may withdraw your consent to our processing of your personal information or request that we restrict the processing of your information or erase your information. However, we may continue to process your personal information if we have a legitimate interest or a legal obligation to do so. To exercise these and other rights mentioned in GasanMamo's Privacy Policy, you may contact us by email on insurance@gasanmamo.com or by post to The Data Protection Officer, GasanMamo Insurance Limited, Head Office, Msida Road, Gzira, Malta. We will take all reasonable steps to confirm your identity before providing you with details of any personal information we may hold about you.

If you are not satisfied with the way GasanMamo processes your personal data, you can contact us as indicated above. If, after making a complaint to us, you are still unsatisfied you have the right to refer the matter to the Office of the Information and Data Protection Commissioner, Floor 2, Airways House, High Street, Sliema SLM 1549, Malta or via email on idpc.info@idpc.org.mt.

We recommend you read our full Privacy Policy for a better understanding of how we process data by visiting: https://www.gasanmamo.com/company/legal/privacy-policy/.

We may amend this notice from time to time for example, to keep it up to date or to comply with legal requirements.

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Privacy Policy.

DECLARATION

I confirm that I have read	d and understood the cor	itents and accept all th	ie terms laid down in th	is claim form. I nereby	/ declare that to the
best of my knowledge al	l the information I have բ	provided to GasanMam	o Insurance Limited is	true and correct.	

Full name in block letters:					
Signature of policyholder:	Date:				