

# EMPLOYERS' LIABILITY ACCIDENT CLAIM FORM

Branch/Broker/TII:

Policy No:

Return this form together with respective documents (payslips/FS3/medical certificate/NI30) to: - GasamMamo Insurance, Msida Road, Gzira 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

Name of injured person:

National Insurance No:

ID No:

Age:

Married / Single:

Does the spouse work on a full time basis? Yes

No

Address:

Occupation:

Contact No:

Name & Address of family doctor:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2**

Where is the injured person at present?  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment:        /        /

Is the injured person in your regular employment?  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3**

Date, time and place of accident:  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the accident occurred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was he/she performing a duty for which he/she was employed?     Yes     No

Was he/she disobeying any safety or company rules or orders?  
\_\_\_\_\_  
\_\_\_\_\_

Who was in charge?

Was the accident due to another person's negligence? If so, please give details.

Name & Address of witnesses of the accident:

#### SECTION 4

Nature & Extent of Injury. (If to eye or limb, please state whether right or left.)

Did he/she stop working immediately?

If not, when did he/she stop?

If taken to hospital, please state which and whether in-patient or out-patient.

Date when he/she is expected to resume work:    /    /

Is there any other information regarding the accident or the injured person with which the company should be acquainted?

## SECTION 5

Do you have any other Insurance or indemnity covering accidents to your employees?

If yes, please give details.

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## SECTION 6

Weekly/Monthly Gross Earning: (please attach relevant FS3/FS4 or pay slip)

Amount of Injury Leave Benefit received/due:

Does the injured person work a 5 or 6 day week?

## DOCUMENTS

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

- National Insurance Injury Certificate (NI 30)**
- Manager's Report of Accident**
- Medical Certificates**
- Evidence of Gross Earnings**

## 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

GasamMamo 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, "GasamMamo" means GasamMamo 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 GasamMamo Insurance and for GasamMamo 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 GasamMamo's Privacy Policy, you may contact us by email on [insurance@gasammamo.com](mailto:insurance@gasammamo.com) or by post to The Data Protection Officer, GasamMamo 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 GasamMamo 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](mailto: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.gasammamo.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 and understood the contents and accept all the terms laid down in this claim form. I hereby declare that to the best of my knowledge all the information I have provided to GasamMamo Insurance Limited is true and correct.

Full name in block letters:

Signature of policyholder:

Date: