

Branch/Broker/TII:

Policy No:

Return this form together with respective documents (medical certificates) to: - GasanMamo Insurance, Msida Road, Gżira GZR 1405 Malta. For any queries please call 2134 5123 ext 5.

This form should be completed and returned without delay.
The **Medical Certificate Overleaf** is to be furnished at the expense of the Insured.

INSURED'S DETAILS

Name of Insured:

Address:

Tel No / Mob No:

ID No.:

Occupation:

Business Address:

Email:

Present Age:

Height:

Weight:

SECTION 1

Date, Time & Place of Accident:

Please state exactly how the accident occurred and what the injured person was doing at the time.

Name & Address of any witnesses to the accident:

Name, address and contact details of the doctor attending you:

SECTION 2

What injuries were sustained by the injured person? (If to eye or limb, please state whether right or left.)

Have you been able to attend to any part of your business or occupation as a result of this accident?

If yes, please state the period during which you have been totally disabled from attending to your business.

Are you still totally unable to attend work?

To what extent have you been able to attend work?

Have you previously claimed or received compensation under an Accident and/or Sickness policy?

Yes

No

If yes, please give details.

SECTION 3

Are you claiming under any other insurance?

Yes

No

If yes, please give details.

PRIVATE & CONFIDENTIAL

MEDICAL CERTIFICATE TO BE COMPLETED BY INJURED PERSON'S DOCTOR

I Certify that Mr/Mrs/Ms

was injured on

His/Her injuries are

Is the claimant suffering from any other conditions which might affect his/her recovery? If yes, please state what they are.

Are you the claimant's usual medical attendant? How long have you been so?

What treatment, medication or therapy has been prescribed?

Do you envisage the need to refer the claimant to a specialist? If yes, to whom and when?

Are you aware of anything in the claimant's previous history which may delay his/her recovery? If yes, please give details.

He/She is solely and directly totally/partially disabled as a result of the injuries and will be so disabled until;

Signature & Qualifications

Date:

Address:

Email:

Tel No / Mob No:

Total Disablement occurs when the insured is wholly prevented from attending to his business or occupation.

Partial Disablement when prevented from attending a substantial portion thereof.

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

Gasamamo 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, "Gasamamo" means Gasamamo 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 Gasamamo Insurance and for Gasamamo 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 Gasamamo's Privacy Policy, you may contact us by email on insurance@gasamamo.com or by post to The Data Protection Officer, Gasamamo 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 Gasamamo 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.gasamamo.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 Gasamamo Insurance Limited is true and correct.

Full name in block letters:

Signature of policyholder:

Date: