

Branch/Broker/TII:	<input type="text"/>	Policy No:	<input type="text"/>
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GENERAL DETAILS

Name & Surname of Claimant:

Address:

Email Address:

ID Card No:

Tel No: Mob No:

Occupation:

Name of Employer:

Note: Should a claim involve various claimants, please complete the information hereunder for each claimant.

Name	ID Card / Passport Number	Tel / Mob Number	Occupation
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

Yes

No

If **yes**, please give details.

Scheduled Departure Date:

/

/

Scheduled Arrival Date:

/

/

Is there any other insurance in force which also covers your loss /expense? (E.g. Credit cards - Gold, Advance, Skypass, Platinum, Premier, Amex, La Vallette Club; Home; All Risks; Personal Accident; Health; Travel.)

Yes

No

If **yes**, please state

Insurance Company:

Type of Policy / Card:

Policy Number:

Have you ever claimed under a travel insurance policy in the past?

Yes

No

If **yes**, please give details of previous claims.

Countries visited:

Purpose of journey:

Holiday

Business

Social Work

Study

Medical

Other:

Please complete the applicable section from the following:

Section A - Cancellation

Section B - Curtailment

SECTION A: CANCELLATION

1. Please state reason for cancelling your trip.

Date of event leading to cancellation of your trip: / /

2. If the reason for cancellation of trip relates to illness, accidental bodily injury or death, please complete the following:

Name and ID Card number of sick/injured person:

Relation to claimant:

When were the first symptoms of illness/injury presented? / /

3. If you are cancelling your trip due to illness, has the sick person suffered from this before? Yes No

If **yes**, please give details.

4. Was the travel agent or ticket issuing office notified immediately of the cancellation? Yes No

5. Please specify the amounts recovered on unused bookings, if any. Amount:

6. Please state the amount paid in respect of travel tickets (net of refunds) and any other nonrefundable expenses.

Expenses
Unused travel tickets
Unused accomodation
Other e.g. Concert / Sports Tickets / Holiday Tours / Excursions

Amount Being Claimed (EUR)

SECTION B: CURTAILMENT

1. Please state reason why it was necessary for you to curtail your trip.

Date of event leading to curtailment of your trip: / /

2. If the reason for curtailing your trip relates to illness, accidental bodily injury or death of a close relative, fiancé or close business associate of yours, or of your travelling companion, please complete the following:

Name and ID Card number of sick /injured person:

Relation to claimant:

When were the first symptoms of illness/injury presented?

 / /

3. If you curtailed your trip due to illness, has the sick person suffered from this before?

Yes

No

If **yes**, please give details.

4. If your trip was curtailed due to illness, please advise whether a doctor has medically certified that it was necessary for you to return to Malta.

Yes

No

5. Please advise whether you have purchased a new return ticket or changed the date of the return ticket.

Purchased a new return ticket

Changed date of original return ticket

6. If you purchased a new return ticket, please advise the amount recovered on the unused flight ticket.

Amount:

7. Please state the amount paid in respect of non-refundable expenses.

**Expenses
(Net of refunds)**

Travel tickets

Other non-refundable expenses

Amount Being Claimed (EUR)

DOCUMENTATION

Please return this form together with all applicable documents to:
Gasamamo Insurance Ltd, Msida Road, Gzira, Malta. GZR1405

1. Copy of your e-ticket or any other travel documentation showing your departure and arrival dates and/or new return flight ticket,
2. Original medical documentation such as medical certificate, hospital case summary, death certificate,
3. Original receipts of non-recoverable expenses,
4. Booking forms and cancellation conditions,
5. Confirmation of refunds on unused bookings,
6. Correspondence exchanged in respect of your claim,
7. Copy of your ID card or passport,
8. Copy of other insurance policies held or bank cards (number covered),
9. Other documentation

N.B The above is an indicative list of documents required to process your claim. We will advise you whether further documents are required once we are in receipt of the claim documentation.

BANK 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 payments.

Account holder details:

Name:

I.D. / Passport No:

Address:

Email Address:

Mobile Number:

Bank Account details:

Name of Bank:

Country:

IBAN Number:

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: