

Branch/Broker/TII:

Policy No:

GENERAL DETAILS

Name & Surname of Claimant:

Address:

Email Address:

ID Card No:

Tel No:

Mob No:

Occupation:

Name of Employer:

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

Yes

No

If **yes**, please give details.

Departure Date: / /

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 - Damage to Luggage

Section B - Temporary Loss of Suitcase

Section C - Non-Delivery of Suitcase

Section D - Loss / Theft / Damage to personal Belongings

Section E - Personal Money

Section F - Medical Expenses

Section G - Delayed Departure

Section H - Missed Departure

SECTION A: DAMAGE TO LUGGAGE

1. Please give a detailed description of how the damage occurred including details of damages sustained.

N.B Please retain the damaged luggage.

Date: / /

Time: : am/pm

Location where damage occurred:

2. If the damage occurred whilst luggage was in transit, was it reported to the carrier?

Yes No

If **no**, please state reason why report was not made.

N.B It is important that a notification of claim in writing to the carrier advising them about the damage to your luggage is sent within the time limit set out in the carrier's condition of carriage.

3. Please give a detailed description of the damaged luggage.

	Luggage 1	Luggage 2	Luggage 3
Brand:			
Size in cm / inches:			
Colour:			
Type of Material:			
Date of Purchase:	/ /	/ /	/ /
Original Purchase Price:	€	€	€
Amount Being Claimed:	€	€	€

SECTION B: TEMPORARY LOSS OF SUITCASE

1. Please give a detailed description of how the temporary loss of your suitcase/s occurred.

Date: / /

Time: : am/pm

Location where loss occurred:

2. Please confirm the number of suitcases you took abroad which got temporarily lost.

No. of Suitcases:

3. Was the loss reported to the carrier?

Yes

No

If **no**, please state reason why report was not made.

N.B It is important that a notification of claim in writing to the carrier advising them about the temporary loss of suitcase is sent within the time limit set out in the carrier's condition of carriage.

4. If your suitcase was lost for more than 12 hours on your outward journey, for how long was your suitcase/s missing in total?

Hours:

5. When your temporary lost suitcase was returned to you, did you have any damages or shortages to the suitcase and/or its contents?

Yes

No

N.B If yes, you must inform the carrier with immediate effect and update the report.

6. Please give a detailed description of the emergency items bought.

List of Emergency Items	Date of Purchase	Method of Payment (Cash / Credit Card)	Amount Paid / Being Claimed in EUR
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>
<hr/>	/ /	<hr/>	<hr/>

7. Have you received any compensation from the carrier for the temporary loss of your suitcase/s?

Yes

No

If **yes**, please give details.

SECTION C: NON-DELIVERY OF SUITCASE

1. Please give a detailed description of how the loss of your suitcase/s occurred.

Date: / /

Time: : am/pm

Location where loss occurred:

2. Please confirm the number of suitcases you took abroad which were permanently lost.

3. Was the loss reported to the carrier?

Yes

No

If **no**, please state reason why report was not made.

N.B It is important that a notification of claim in writing to the carrier advising them about the non-delivery of your suitcase is sent within the time limit set out in the carrier's condition of carriage.

4. Did you receive a confirmation in writing from the carrier stating that your suitcase/s are permanently lost?

Yes

No

5. Have you received any compensation for the loss of your suitcase/s?

Yes

No

6. Please confirm to whom the missing items belong.

Please complete Form A. (attached with Claim Form)

SECTION D: LOSS / THEFT / DAMAGE TO PERSONAL BELONGINGS

1. Please give a detailed description of how the loss/theft/damage of personal belongings occurred.

N.B Please retain any damaged items.

Date:

/

/

Time:

:

am/pm

Location where loss / damage occurred:

2. Was the loss/ theft reported to the relevant authority within 24 hours of discovering the loss?

Yes

No

N/A

SECTION E: PERSONAL MONEY

1. Please give a detailed description of how the loss / theft of money occurred.

Date: / /

Time: : am/pm

Location where the loss/theft occurred:

2. Was the loss/theft reported to the relevant authority within 24 hours of discovering the loss? Yes

No

If **no**, please state reason why report was not made.

3. Were there any witnesses to this incident? Yes

No

If **yes**, please give details.

4. Please confirm the total amount of money taken abroad.

Currency:

Amount:

5. Please confirm the total amount of money lost/stolen.

Currency:

Amount:

6. Please advise how you financially managed to carry on with your trip following the loss.

7. Were there any other documents lost/stolen together with the amount of money being claimed (e.g. ID card, driving licence, EHIC or bank cards)?

Yes

No

8. Did you take the necessary action/precautions following the loss/theft of money or documents? (e.g. contacting bank to block the cards, re-issue ID card/driving licence/EHIC or any other personal documents) Yes No

If **yes**, please give details.

SECTION F: MEDICAL EXPENSES

1. Please state the nature of the illness/injuries suffered.

2. In case of injuries, please give a detailed description of how the incident occurred including location of occurrence.

3. Please state the date when you got ill / injured?

/ /

4. Did you require consultation or treatment during the past 12 months relating to this illness or injury? Yes No

If **yes**, please give details including dates of any visits to your consultant.

5. Were you hospitalised following this illness/injury?

Yes

No

If **yes**, please give details of hospital.

6. Did you make use of your European Health Insurance card?

Yes

No

7. Please give details of medical expenses incurred.

List of Medical Expenses	Method of Payment (Cash / Credit Card)	Amount Paid / Being Claimed in EUR
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8. Do you require any further treatment in Malta related to your injury/illness?

Yes

No

If **Yes**, please give details.

9. Please give details of any private Health Insurance, which covers you for the above expenses.

Name of Insurance Company:

Policy Number:

SECTION G: DELAYED DEPARTURE

1. Please state reason for travel delay.

Date & time of original scheduled departure: / / : am/pm

Date & time of re-scheduled departure: / / : am/pm

SECTION H: MISSED DEPARTURE

1. Please state reason for missed departure.

Date & time of missed departure: / / : am/pm

Date & time of actual departure: / / : am/pm

2. Please state the amount you paid for extra accommodation and travel costs (net of any refund on the unused ticket).

List of Expenses
Travel Costs
Accommodation

Amount being Claimed (EUR)

DOCUMENTATION

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

1. Copy of your e-ticket or any other travel document showing your departure and arrival dates to Malta,
2. Original Luggage Tags/ Luggage Receipts,
3. Original Damage Report/ Property Irregularity Report/ Police Report,
4. Photos of suitcase and damaged areas or damaged belongings,
5. Correspondence exchanged with carrier,
6. Original receipts of emergency items bought,
7. Evidence of the missing personal belongings,
8. Confirmation in writing of when your temporary lost suitcase was returned to you,
9. Notification sent to the carrier,
10. Copy of ID card or passport,
11. Copy of other Insurance policies held or bank cards,
12. Notice from the carrier confirming the reason for the delay and the number of hours of delay,
13. Notice from the carrier or any other evidence showing reason for missed departure or cancellation of service,
14. Original receipts for extra expenses incurred or any non-recoverable deposits,
15. Confirmation of refunds on unused bookings,
16. Admission and Discharge Hospital Report,
17. Original medical certificate,
18. Original medical receipts,
19. Accident report,
20. Death Certificate,
21. Evidence of amount of money taken abroad (e.g. withdrawal statement, exchange receipts),
22. Evidence of financial arrangements made following loss (e.g. credit card statement, declaration)

23. 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: