

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 and email on insurance@gasammamo.com

INSURED'S DETAILS

Name:

ID No:

Address:

Tel No / Mob No:

VAT No:

Email:

DETAILS OF ACCIDENT

Date:

/ /

Time:

: am/pm

Place:

Details of person operating the boat:

Same as above

Other

If Other:

Name & Surname:

Tel / Mob No:

Address:

Please give exact details of how the accident happened. (If this space is not enough continue on a separate sheet)

DETAILS OF ACCIDENT - CONTINUED

At what speed were you cruising? Knots N/A

For what purpose was the vessel being used? Private Use Racing Chartered

Was any person involved in the accident under the influence of alcohol or drugs? Yes No

If yes, please give details.

If any salvage service has been rendered, please give full details including name and address of salvors and the circumstances necessitating salvage.

DAMAGE TO VESSEL

Did you suffer any damage to your vessel? Yes No

If yes, please give details below.

Description of damage

Amount being claimed in €

Where is the damaged vessel being kept?

THEFT

Was there evidence of forcible entry or exit from vessel? Yes No

If yes, please give details.

Please give description of items stolen below.

Description of item	Date of purchase	Original purchase price	Amount being claimed

If theft of outboard motor: i. was it locked in a place of storage? Yes No
ii. was it secured by an anti-theft device? Yes No

THIRD PARTIES

Where there any known third-party injuries or damage to property? Yes No

If yes, please give details.

Have you received any claim or demand from a third party? Yes No

If yes, please state amount:

In your opinion, was anyone to blame for the accident? Yes No

If yes, please give details.

N.B. All communications from third parties should be forwarded immediately to our company. Remember your rights under the policy may be prejudiced if you admit liability without the prior consent of the company.

WITNESSES

Please provide names, addresses and contact numbers of crew/passengers in insured vessel.

Please provide names, addresses and contact numbers of any independent witnesses.

LOSS HISTORY

Give details of any previous accidents or losses in connection with any vessel owned or sailed by you.

DOCUMENTS

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

Police Report

Technical Report

Sketch

Official Estimates

Survey Report

Other

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 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.

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: