

# PROPOSAL FORM

Gasamamo Insurance Limited is authorised under the Insurance Business Act and regulated by the MFSA.

Please complete all relevant sections of this form in **BLOCK CAPITALS** and specify your choices by ticking the relevant boxes ensuring that you have signed and dated the declaration.

If you have any queries please call Customer Care on [+356] 21 345123 or email: health@gasamamo.com



Intermediary Details

## 1 PRINCIPAL APPLICANT DETAILS

Title	Name	Surname
Gender M <input type="checkbox"/> F <input type="checkbox"/>	ID / Passport No.	
Nationality	Date of birth	
Group / Company name (if applicable)	Occupation	
Smoker Yes <input type="checkbox"/> No <input type="checkbox"/>	Height in cm.	Weight in kg.
House Name / no.	Tel. No.	
Street	Mob. No.	
Town	Postcode	Email

## 2 YOUR CHOICE OF SANA PLAN (Tick required option)

<b>Sana Vital Plan</b>	in-patient <input type="checkbox"/>	in & out patient <input type="checkbox"/>	<b>Optional Benefits:</b>	Preventive Treatment Package <input type="checkbox"/>
<b>Sana Key Plan</b>	in-patient <input type="checkbox"/>	in & out patient <input type="checkbox"/>		Repatriation <input type="checkbox"/>
<b>Sana International Plan</b>		in & out patient <input type="checkbox"/>	<b>Preferred Commencement Date:</b>	

## 3 OTHER MEDICAL INSURANCES

Do you or have you had a health insurance policy with Gasamamo or with any other insurer? Yes  No  If Yes, please give details:

Name of insurer	
Policy Number	Name of plan

## 4 DETAILS OF RESIDENCY

What is your principal country of residence including that of your dependants? (The country in which you live for at least 240 days in any 12 month period)

Are you or any dependants listed in this proposal form residing away from the principal country of residence for more than 125 days in any 12 month period?

Yes  No  If Yes, please give details:



**PART 6B** (Please use **BLOCK CAPITALS**)

Please complete this section if you have ticked any **Yes** boxes in **Part 6A**. Please use the columns below to disclose all medical conditions (or undiagnosed medical conditions) relating to your answers in **6A**.

1. Name of Applicant or Dependant	2. Question Number in Part 6A	3. Medical Condition / Symptoms	4. Treatment & consultations received including dates or approximate dates	5. Treatment or consultations required in the future	6. Name of medical practitioner

Please give details below if you answered yes to questions 10 & 11 in part 6A.


If there is insufficient space, please use a separate sheet and indicate that you have done so.

## 7 DECLARATION

In view of the declaration below it is essential that complete information is supplied.

It is GasanMamo's intention to provide a good service to our policyholder at all times. However, if you have any cause for dissatisfaction please write to the Managing Director, GasanMamo Insurance Ltd., Msida Road, Gzira GZR 1405. The law of Malta will apply to this contract unless you and us agree otherwise.

The benefits may not be payable if you do not fully disclose any material facts which could influence GasanMamo's assessment and acceptance of your proposal. You should disclose facts even when you are in doubt as to whether they are material or relevant.

You should inform GasanMamo of any changes which may alter your policy and which have occurred since the policy started or since the last renewal date. Failure to do so may invalidate the policy or reduce cover. You should also inform us of any changes even if renewal terms have been offered and premium has been paid.

If you are applying to become a policyholder together with the dependants listed in this proposal form and who are to form part of this policy, you declare that you have obtained consent to provide information regarding the dependants for health insurance purposes. You also agree that all the rules of the GasanMamo plan / policy will be binding on you and all the dependants included in this policy.

I give explicit and unequivocal consent to GasanMamo Insurance to seek any information from any doctors, surgeon, hospital, clinic, laboratory or persons that have knowledge of my health in order for the validity of the claims to be established. I hereby authorise any doctor, surgeon, hospital, clinic, laboratory or persons that have records to provide full medical information concerning myself and my dependants. I give consent to GasanMamo Insurance to process my personal data supplied by myself or any person, body or entity in order to process, handle and settle the claim

**GasanMamo Insurance Ltd. reserves the right to DECLINE ANY PROPOSAL. No insurance cover shall be in force until the proposal has been accepted by GasanMamo Insurance Ltd.**

### Data Protection Notice

GasanMamo 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, "GasanMamo" means GasanMamo 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 proposal 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 including information not directly related to your current claim.
- 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 GasanMamo Insurance and for GasanMamo 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 GasanMamo's Privacy Policy, you may contact us by email on [insurance@gasanmamo.com](mailto:insurance@gasanmamo.com) or by post to The Data Protection Officer, GasanMamo 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 GasanMamo 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 to read our full Privacy Policy for a better understanding of how we process data by visiting: <https://www.gasanmamo.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.

We would like, on occasion to keep you informed of our products and services by electronic means.

Yes, I would like to receive marketing information.

No, do not send me marketing information.

We would like, on occasion, to keep you informed of related company products and services by mail or by electronic means.

Yes, I would like to receive marketing information.

No, do not send me marketing information.

You have a right to object to the processing of your personal data for marketing purposes. Please inform us accordingly if you do not wish to receive any marketing information. If you opt-out of receiving marketing information we may still use your contact details to convey important information regarding an existing policy or claim or for us to comply with our regulatory obligations.

I confirm that I have read and understood the contents and accept all the terms laid down in this proposal form. I hereby declare that to the best of my knowledge all the information I have provided to GasanMamo Insurance Limited is true and correct.

Principal Applicant's Signature

Date

Name (in BLOCK CAPITALS)