

CLAIM FORM

GasamMamo Insurance, Msida Road, Gzira, GZR 1405, Malta.



GasamMamo
INSURANCE
we're always there

Please read carefully

- Please ensure that all sections of the claim form are completed in BLOCK CAPITALS and that you sign and date the back of the form.
- Treatment must be on **initial referral of your General Practitioner.**
- Eligible fees will be paid up to the limits of your policy and up to the maximum amounts we consider to be fair and reasonable.
- **Claim forms must be submitted** together with original receipts, copy of any reports and an itemised list of all tests being carried out **within 3 months from the date of treatment. Alternatively, the claim form may also be submitted online <https://apps.gasammamo.com/online/claim/medical/stepone>**
- Always contact us before receiving any treatment.
- If you have any queries, please call GasamMamo on +356 2134 5123 or email healthclaims@gasammamo.com

Please complete a new/ separate claim form:

- For each patient
- For each out/ in/ day-patient treatment
- For each medical condition

1 PATIENT'S DETAILS (THIS SECTION IS TO BE COMPLETED IN FULL)

Patient's Name & Surname		Passport/ I.D. No.	
Policy number		Group/ Company name (if applicable)	
House Name / No.		Tel. No.	
Street		Mobile No.	
Town	Post Code	Email	
Parent/Guardian's Name & Surname (if patient is under 18)		Passport/ I.D. No.	
Reason for seeking medical advice			
Have you previously claimed for this medical condition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date when symptoms started	
Are you covered for medical expenses under any other insurance policy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, give details below	
Was the injury or illness sustained as a result of an accident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, give details below	

2 MEDICAL EXAMINATION (THIS SECTION IS TO BE COMPLETED IN FULL)

GENERAL PRACTITIONER'S DETAILS		
Name of patient	Date of consultation	General Practitioner's signature & stamp
Name of GP		
Date symptoms first noticed by patient		Reg. No.
Has the patient been treated for this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/>		GP Tel. No.
Diagnosis/ Symptoms/ Treatment		
Referred to		

SPECIALIST'S/ THERAPIST'S DETAILS (PATIENT HAS TO BE REFERRED BY THE GP ABOVE)		
Name of patient	Date of consultation	Specialist's/ Therapist's signature & stamp
Name of Consultant		
Date symptoms first noticed by patient		Reg. No.
Has the patient been treated for this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Consultant Tel. No.
Diagnosis/ Symptoms/ Treatment		
Referred to		
Procedure code/s	Date of operation	

HOSPITAL/ CLINIC DETAILS		
Name		Signature of Hospital Official
Admission date	Discharge date	

3 PATIENT'S DIRECT CREDIT DETAILS

Kindly note that claims can be settled via bank transfers only, therefore please provide us your bank account details below. If you have already given us these details, you are not required to complete this section again.

I wish to make changes to my existing bank account details

We can only make SEPA payments in euro directly into the patient's bank account.

PATIENT'S BANK ACCOUNT DETAILS OR PARENT/GUARDIAN'S BANK ACCOUNT DETAILS IF PATIENT IS UNDER 18

Name & Surname		Passport/ I.D. No.
IBAN No.		
Name of Bank		Patient's signature or parent/guardian's signature if patient is under 18
Country	Date	

4 DECLARATION (TO BE SIGNED BY PATIENT, OR BY PARENT/GUARDIAN IF PATIENT IS UNDER 18 YEARS OLD)

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 Limited, Msida Road, Gzira GZR1405. The law of Malta will apply to this contract unless you and us agree otherwise.

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

Important – Please read

The completed claim form which must be filled in separately for each patient and for each medical condition must be returned to us together with the original invoices/receipts, within three months of the date of treatment. We reserve the right to reject any claim which is not submitted within this period.

You can submit your claim by post or online on our website. When submitting your claim, please complete the claim form front and back, include receipts, diagnostic tests results or any medical report you may have.

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.

You understand and accept that in the event of this claim form being fraudulent in whole or in part, the policy may be invalidated.

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 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 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 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.

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.

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 GasanMamo Insurance Limited is true and correct.

Patient's signature/Parent or guardian's
signature if patient is under 18.

Date

Name (in BLOCK CAPITALS)