

TRAVEL CLAIM FORM

Branch/Broker/Agent _____

Claim No. _____

Please Complete General Section and then the Section(s) to which your claim(s) relate(s).

GENERAL SECTION	
<p>1. Full Name of Claimants</p> <p>Address of First Claimant</p> <p>Do you have any other policies in force with Gasamamo Insurance Limited?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>E-mail address: _____ Age: _____</p> <p>ID Card No. _____ Passport No. _____</p> <p>Occupation _____</p> <p>Name of Employer _____</p> <p>Telephone No. Home _____ Business _____</p> <p>Mobile _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give details _____</p>
<p>2. Policy No</p> <p><i>(Attach Policy Certificate or Schedule)</i></p>	<p>_____</p> <p>Departure: _____ Arrival: _____</p>
<p>3. Is there any other insurance in force (e.g. Household/Personal Accident/All Risks/Travel/Credit Card/Gold/Premier/Platinum Account Holders etc) which also covers this loss/expense?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state:-</p> <p><i>Insurance Co</i> _____</p> <p><i>Address</i> _____</p> <p><i>Policy No</i> _____</p>
<p>4. Have you ever before claimed under a travel policy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details:-</p> <p>_____</p> <p>_____</p>
<p>5. (a) Total length of Holiday</p> <p>(b) Countries visited</p> <p>(c) Purpose of Journey</p>	<p>_____</p> <p>_____</p> <p><input type="checkbox"/> <i>Holiday</i> <input type="checkbox"/> <i>Business</i> <input type="checkbox"/> <i>Other</i></p> <p>If 'Other', please specify _____</p> <p>_____</p>

SECTION 1 - PERSONAL ACCIDENT (ATTACH MEDICAL CERTIFICATES)

1. Date, time and place of accident	
2. State how the accident occurred and what you were doing at the time	
3. Name and address of the doctor attending you.	
4. Please specify the injuries you have sustained	

SECTION 2 - MEDICAL EXPENSES (ATTACH MEDICAL CERTIFICATES AND INVOICES)

1. Nature of injury or illness.											
2. Duration of injury or illness	From : ___/___/___ to ___/___/___										
3. Briefly describe the circumstances of the injury or illness											
4. If illness, have you suffered from this illness previously? If Yes please advise date when previously suffered	Yes <input type="checkbox"/> No <input type="checkbox"/>										
5. Did you require consultation or treatment during the past 12 months relating to this illness/injury.											
6. Did you know about your illness prior to your departure from Malta?											
7. Did you require the assistance of the Emergency Medical Service:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details:- _____ _____										
8. Details and nature of medical and other expenses incurred	<table border="1"> <thead> <tr> <th style="text-align: center;">Description</th> <th style="text-align: center;">Amount Claimed</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Description	Amount Claimed	_____	_____	_____	_____	_____	_____	_____	_____
Description	Amount Claimed										
_____	_____										
_____	_____										
_____	_____										
_____	_____										
9. Please specify details of any Private Health Insurance which covers you for the above expenses	Insurer _____ Address _____ Policy Number _____										

SECTION 3 - HOSPITAL BENEFIT

1. Were you admitted to hospital as an in-patient as a result of accident or illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Date and time admitted to hospital	___/___/___	_____ am/pm
3. Date and time discharged from hospital	___/___/___	_____ am/pm
4. Letter from hospital confirming dates and times of both admittance and discharge	delete as necessary <i>attached/to follow</i>	

SECTION 4 - CANCELLATION AND CURTAILMENT (Attach Medical Certificates and Invoices if applicable)

1. Please state reason for cancellation or curtailment of holiday.	
2. Date of event leading to the cancellation or curtailment	
3. If caused by illness, have you suffered from this before? If, so please give details.	
4. Have any deposits been recovered? If Yes , state amount If No , what steps have been taken to obtain recovery of deposits	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____ _____
5. Amount Claimed (Attach Invoices)	
6. Number of Persons Claiming	

SECTION 5- TRAVEL DELAY (Attach confirmation from carrier/handling agent)

1. Reason for travel delay	
2. Period of delay	
3. Please provide evidence substantiating the delay	

SECTION 6- MISSED DEPARTURE

1. Reason for missed departure	
2. Date and time	
3. Reasonable expenses incurred as a result of missed departure. (Attach receipts).	

SECTION 7- BAGGAGE/PERSONAL MONEY/LOSS OF PASSPORT

1. Give the exact details of how the loss or damage occurred and the action taken by you. (Please retain damaged articles).			
2. Date, time and place of loss or damage			
3. If the loss or damage occurred whilst baggage was in transit, date and time of report made to carrier? (Please attach report from carrier, airline ticket and baggage tag.)			
4. Date and time when report was made to the Police? (please attach report).			
5. In the event of baggage having been lost for more than 12 hours on the outward journey, how long was baggage missing in total. (Attach note from carrier)			
6. Description of baggage items lost or damaged or bought as emergency expenses. (Attach Invoices/Receipts) _____ _____ _____ _____	<i>Date Purchase</i>	<i>Original Price Paid</i>	<i>Amount Claimed</i>

If the space on this form is insufficient, please continue on a separate sheet.

7. Personal Money a Description, value, currency of money taken abroad for your trip.	(A) CURRENCY/AMOUNT _____ _____
b Description, value, currency of money lost or stolen. (Attach any evidence or documentation, bank or exchange bureau receipts where applicable. Re Euros kindly provide documentation confirming amount taken abroad)	(B) CURRENCY/AMOUNT _____ _____ _____
8. What financial arrangements did you make to enable you to carry on your trip following the loss? (Please attach documentary evidence)	_____ _____
9. Loss of Passport a Date and time of report to the consular representative: - b. List details including amount claimed in respect of additional travel and accommodation expenses incurred to obtain a temporary passport. (Attach documentary evidence)	

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR 1405.

Declaration: -

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

I further authorise my Doctor or any other person who has attended me, or any hospital in which I have been treated to disclose to the Insurance any knowledge or information relating to this claim

Date

Signature of Policyholder

Full name in block letters

