

(0a) Notice of Claim Registration Form		Our Reference	
GenAssist TPA Ltd		Telephone Number	+ (357) 22 519 211
e-Mail Address	office@genassist.eu	Tele-Fax Number	+ (357) 22 499 830

This is NOT a Claim Form and it should ONLY be used to INFORM GenAssist TPA Ltd of a potential Claim. This Registration Form should be fully completed and returned to Us (by Fax or e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.

PERSONAL DETAILS OF THE CARD HOLDER

Mr/Mrs/Miss/Ms		Postal Address and/or PO BOX:	
Surname			
Forenames			
Cyprus 'ID' Card Number			
Date of Birth		Post Code	
Work Telephone Number		Mobile Telephone Number	
Home Telephone Number		Tele-Fax Number	
e-Mail Address			

REGISTRATION DETAILS

Section and Potential Amount Claimed

Card Number: (first eight numbers only please):		1a	Cancellation of a Trip (by Card Holder)	€
		1b	Curtailed of a Trip (by Card Holder)	€
		2	Personal Accident	€
DATE OF INCIDENT		3a	Medical Expenses Abroad	€
Date Tickets Purchased		3b	Daily Hospital Benefit Abroad	€
Date GenAssist TPA Ltd was first notified		4a	Baggage and Personal Effects (Lost, Stolen and/or Damaged)	€
		4b	Delayed Baggage	€
Scheduled Departure Date <u>FROM</u> your Country of Domicile		5a	Cash/Money (Stolen and/or Destroyed)	€
		5b	Passport/ID Card Replacement	€
Scheduled Return Date <u>TO</u> your Country of Domicile		6a	Travel Departure Delay	€
		6b	Abandonment of a Trip	€
Destination Abroad (Country and City)		6c	Missed Connection within a Trip	€
		7/8	Personal Liability/Legal Expenses (both are Third Party Incidents)	€
Airline Company you travelled / booked with		10	Business Document Replacement	€
		13	Lost or Stolen Domestic Keys	€
Number of People included in your Trip		14	Purchase Protection Insurance	€
Are you aware of your Air Passenger Rights ?	YES			
		NO		
TOTAL AMOUNT:				€

Description of the Incident

This is NOT a Claim Form and it should ONLY be used to provide a **full and detailed description of the incident and which should be completed and returned to Us (by Fax or e-Mail) and **within 25 days** of the Event or Incident that might give rise to a valid Claim.**

FULL AND COMPLETE DETAILS OF THE INCIDENT

Declaration:

I declare that I am not claiming for this incident under any other insurance that I hold. I understand that any fraudulent Claims may result in legal action being taken and the immediate cancellation of coverage. Without prejudice to any other rights of the Bank, the Bank may cancel my Card without notice in the event of a false or fraudulent Claim or statement, or misrepresentation or non-disclosure of any event or fact. If submitting any information on behalf of others, I confirm that I am doing so with their knowledge and permission. I declare that the information shown on this form and any accompanying documentation is true and correct and I consent to its use, for the purpose of this potential Claim.

Card Holder's Full Name	Card Holder's Signature

DATED:

Privacy Notice - in brief:

This Privacy Notice should be read alongside the full Privacy Notice of your Bank. By providing your information, you consent to the use of your data and information as described above and in the full Privacy Notice and *cookie* policy of your Bank.

Personal information:

In providing you with our services, We may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust Us to keep this information confidential and that is why We strive to comply with relevant data protection law and follow medical confidentiality guidelines issued by professional bodies.

Securing information:

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures to safeguard and secure the information We collect.

Information We may hold about you:

The information We hold about you may include personal and sensitive information. We may collect this information during communications We have with you or with third parties who provide information about you.

When We collect your information:

Information about you is collected when you engage with Us or submitting a query, enquiry or a potential Claim. We may collect personal information about you from other people when you are named in a potential Claim incident, when We process a potential Claim or when We obtain medical reports, or when We liaise with your family, employer, health professional or other provider. You confirm that you consent to Us obtaining sensitive information and billing information relating to potential Claims you may make.

Using your information:

We use your personal information to provide you with our services and to improve and extend our services.

Sharing information:

Information about you may be shared with others to enable Us to manage our relationship with you and to update and improve our records. We work with other individuals and organizations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. Where this occurs We will endeavour to ensure that the confidentiality and security of your personal information is fully protected.

Keeping information:

We will only keep your personal information for as long as is necessary in accordance with relevant data protection laws.

Your rights:

You have the right to access a copy of your personal data held by Us or request rectification of your personal data if it is inaccurate or incomplete. In certain circumstances, you may also have the right to object to the processing of your personal data, to request erasure of your personal data or to restrict our use of your personal data (per EU Regulation **2016/679**). If you wish to exercise your rights or you need more information about how We process your data, please contact Us at office@genassist.eu