

<b>(0a) Notice of Claim Registration Form</b>		<b>Our Reference</b>	
<b>Gold Assist Limited</b>		<b>Telephone Number</b>	<b>+ (357) 22 519 211</b>
<b>e-Mail Address</b>	<b>office@goldassist.cy</b>	<b>Tele-Fax Number</b>	<b>+ (357) 22 499 830</b>

**This is NOT a Claim Form and it should ONLY be used to INFORM Gold Assist Limited of a potential Claim. This Registration Form should be fully completed and returned to us 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		<b>Postal Address and/or PO BOX in Cyprus:</b>	
Surname			
Forenames			
Cyprus 'ID' Card Number			
Date of Birth		<b>Post Code</b>	
Work Telephone Number		<b>Mobile Telephone Number</b>	
Home Telephone Number		<b>Tele-Fax Number</b>	
e-Mail Address			

**REGISTRATION DETAILS**

**Section and Potential Amount Claimed**

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

## Description of the Incident

**This is NOT a Claim Form and it should ONLY be used to provide **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@goldassist.cy](mailto:office@goldassist.cy)