



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**

NOTIFICATION FORM

PERSONAL DETAILS OF THE CARD HOLDER

Name		
Surname		
Date of Birth		
Cyprus ID/Passport No.		
Work Telephone Number		
Home telephone Number		
Mobile phone Number		
Email address		
Postal Address		
Post Code		

REGISTRATION DETAILS

Bank	
Card number (first 8 digits only)	
Card type (Gold, business, etc.)	
Relation of claimant / card holder	

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**

INCIDENT DETAILS

<i>Date of incident</i>	
<i>Date tickets issued</i>	
<i>Date Healthwatch S.A was notified</i>	
<i>Date scheduled departure from country of domicile</i>	
<i>Date of scheduled return to country of domicile</i>	
<i>Destination abroad (country/City)</i>	
<i>Airline name</i>	
<i>Number of people (relatives/business companions) travelling with you.</i>	
<i>Have you read air passenger rights before travelling?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**

POTENTIAL CLAIMS SECTION - AMOUNT TO BE CLAIMED

1a	<i>Trip Cancellation (card holder)</i>	€
1b	<i>Trip curtailment</i>	€
2	<i>Personal accident</i>	€
3a	<i>Medical expenses abroad</i>	€
3b	<i>Daily hospital benefit abroad</i>	€
4a	<i>Baggage and personal items (lost/stolen and /or damaged)</i>	€
4b	<i>Baggage delay (card holder)</i>	€
5a	<i>Cash/Money (stolen and /or destroyed)</i>	€
5b	<i>Passport/Id card replacement</i>	€
6a	<i>Delayed departure</i>	€
6b	<i>Trip abandonment</i>	€
6c	<i>Missed connection flights (in trip)</i>	€
7/8	<i>Personal Liability/Legal expenses. (third party incidents)</i>	€
10	<i>Business document loss/damage</i>	€
13	<i>Lost or stolen domestic keys</i>	€
14	<i>Purchase protection insurance</i>	€
	<i>TOTAL AMOUNT</i>	€

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**

DESCRIPTION OF CIRCUMSTANCES OF INJURY OR INCIDENT

Large empty rounded rectangular box for describing 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:

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**

PRIVACY NOTICE

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 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 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 endeavor to ensure that the confidentiality and security of your personal

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.



Tel: **+357 22 051985** 24/7 alarm line, **+302313084513** Email: **starrclaims@healthwatch.gr**
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 DPO@healthwatch.gr

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 (e-Mail) and within 25 days of the Event or Incident that might give rise to a valid Claim.