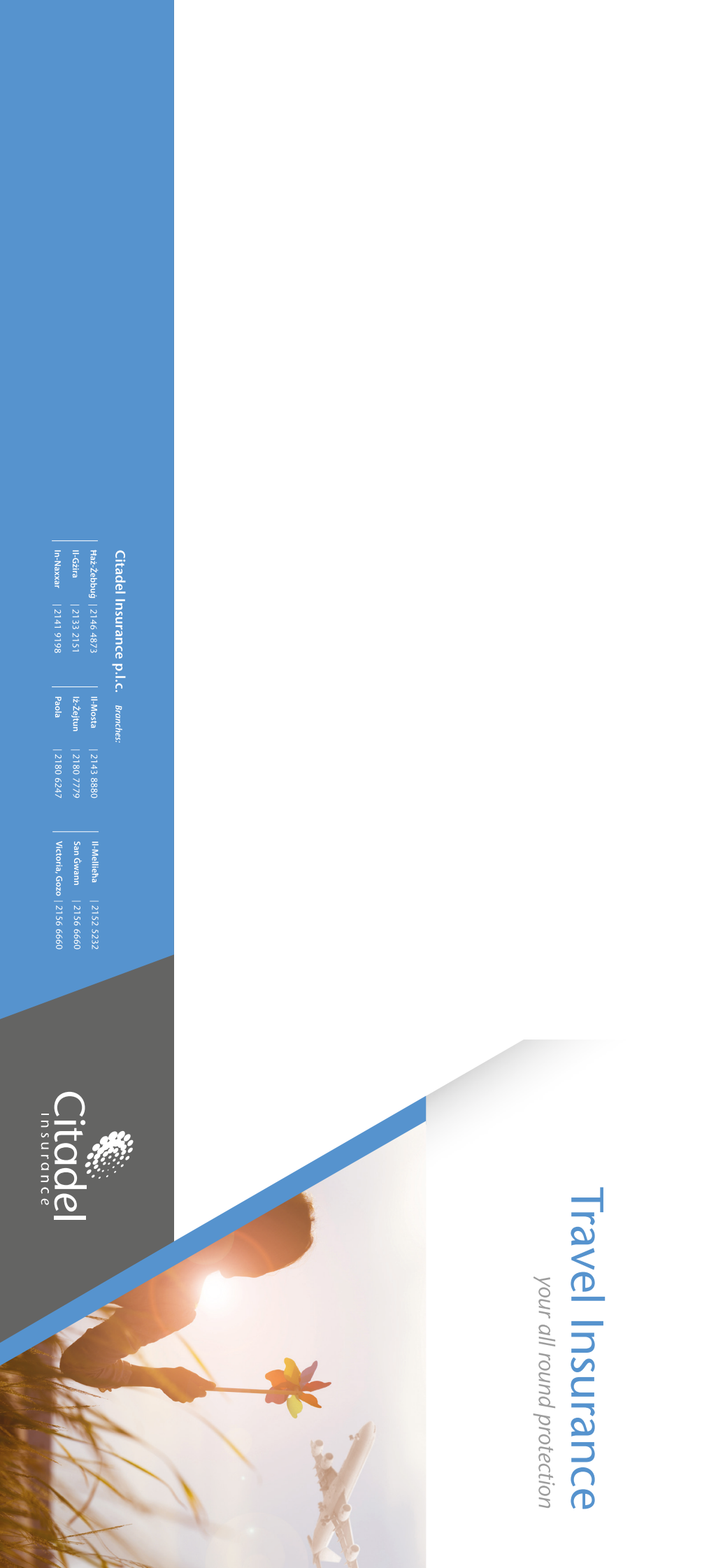


Travel Insurance

Your all round protection



Citadel Insurance p.l.c. Branches:

Haż-Zebbug 2146 4873	Il-Mosta 2143 8880	Il-Mellieha 2152 5232
Il-Għira 2133 2151	Il-Zgħirun 2180 7779	San Ġwann 2156 6660
In-Naxxar 2141 9198	Paola 2180 6247	Victoria, Gozo 2156 6660



Travel Proposal Form 06/19

 Floriana | 2357 9000 - Freephone | 800 72322  info@citadelplc.com  citadelplc.com

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.

insurance proposal form

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

PROPOSAL FORM

YOU HAVE A CHOICE

You can choose between:

ECONOMY COVER

STANDARD COVER

CLUB COVER

THE COVER WE OFFER

The CITADEL TRAVEL POLICY is a package policy which provides you with the following cover:

Section 1 - Cancellation and Curtailment Charges

Section 2 - Personal Accident

Section 3 - Medical and Emergency Expenses

Section 4 - Baggage

Section 5 - Personal Money

Section 6 - Personal Liability

Section 7 - Delayed Departure

Section 8 - Loss of Passport

Section 9 - Hospital Cash Benefit

Section 10 - Hijack

Section 11 - Missed Departure

Section 12 - Cancellation of Trip
Section 13 - Rental Vehicle Excess

(Sections 12 + 13 are optional extensions)

The level of Benefits depends on whether you choose ECONOMY, STANDARD or CLUB cover.

Sections 9 and 10 operate only if you choose STANDARD or CLUB cover.

YOUR BENEFITS AT A GLANCE

SECTION	COVER	ECONOMY	STANDARD	CLUB
1.	Cancellation & Curtailment	€ 1,000	€ 5,000	€ 7,000
2.	Personal Accident	€ 7,000	€ 20,000	€ 45,000
	If under 16 years old	€ 1,250	€ 1,250	€ 1,250
3.	Medical Expenses	€ 35,000	€ 200,000	€ 600,000
4.	Baggage	€ 750	€ 2,500	€ 3,500
	Limit per item / article	€ 300	€ 700	€ 700
	Limit for valuables	€ 500	€ 900	€ 900
5.	Personal Money	€ 750	€ 1,000	€ 1,500
	Limit in respect of cash	€ 400	€ 700	€ 900
5.	Personal Liability	€1,200,000	€1,200,000	€1,200,000
7.	Delayed Departure	€50 for the first 12 hours and €25 for each subsequent full 12 hours, maximum €250		
8.	Loss of Passport	€ 100	€ 150	€ 200
9.	Hospital Cash Benefit	NOT INSURED	€25 (€50 if you use the European Health card) per day, maximum €700	
10.	Hijack	€120 per 24 hours, maximum €480		
11.	Missed Departure	€ 250	€ 600	€ 1,000

Optional Extensions: The following extensions are only operative if the appropriate additional premium has been paid.

Personal Accident: Benefit can be increased up to a maximum of €58,500 for all Insured 16 years of age and over.

Cancellation of Trip cover - Limit of €2,500 per Insured. Cover must be purchased at least two (2) weeks before date of departure.

Rental Vehicle Excess - Limit of €350

TERRITORIAL LIMITS

Choose the Area of cover depending on your destination:

- Area 1:** Europe (including Channel Islands) and those countries bordering the Mediterranean Sea, Madeira, Canary Islands, the Azores, Jordan, Russia (West of the Ural Mountains), Republic of Ireland and Iceland.
- Area 2:** Worldwide but excluding USA and Canada.
- Area 3:** Worldwide including USA and Canada.

IMPORTANT NOTES - Please read carefully

1. Cover in respect of baggage and personal valuables is subject to the following sub-limits:
 - a) Purchase of essential replacement items if baggage is temporarily lost in transit and not restored to you within 12 hours – €150 (€750 if Club Cover is chosen).
 - b) Single Article Limit €700 (€300 if Economy Cover is chosen) in respect of any single article, pair or set of articles.
 - c) Overall Valuables Limit €900 (€500 if Economy Cover is chosen)
 - d) Maximum Cash Limit
€400 — Economy Cover
€700 — Standard Cover
€900 — Club Cover
2. Remember that Cancellation Cover (section 1) commences from the date of issue of your policy and not from the day of your departure.
3. Medical Expenses will continue to be paid in Malta in respect of any medical condition incurred overseas up to a period of three months after the booked return date of the holiday or journey.
4. In this form we have given you a brief description of cover which is intended to describe simply and clearly the cover provided under the CITADEL TRAVEL POLICY. For full details about terms, conditions and exceptions please refer to the policy document, a copy of which is available on request.
5. Please remember that you must provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms. Failure to give this information may give us the right to refuse any claims or to avoid the policy completely. If you are in doubt about a particular fact you should disclose it.
6. Cover operates only in respect of round trips commencing in and returning to Malta during the period of insurance.
7. The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance plc in connection with this insurance proposal. However, the Insurance Business Act 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the police solely for the purpose of preventing, detecting or suppressing insurance fraud.
8. A Policy and Schedule will be issued as evidence that insurance cover has been effected.
9. The following are some important points which unless observed may prejudice any claim under your insurance policy:
 - a) The vast majority of baggage claims arise as a result of leaving items unattended at airports, beaches, etc. Lack of proper care towards your baggage or personal possessions may prejudice your claim.
 - b) If baggage is lost or damaged by an airline you must obtain a Property Irregularity Report, give formal notice of the claim to the airline as soon as possible and keep all travel tickets and tags for the submission of your claim.
 - c) All losses or thefts must be reported to the police within 24 hours of discovery and a police report or other official evidence of such a report must be obtained and presented with your claim.
 - d) Jewellery, photographic equipment and money must not be packed in suitcases whilst traveling.
 - e) Do not leave your personal possessions in unattended vehicles.
 - f) Always keep receipts of items bought during your period of travel.
 - g) Read the Policy and Schedule carefully to be aware of the extent of your cover. Keep them in a safe place and take them with you when you travel.

EMERGENCY MEDICAL ASSISTANCE

The Citadel Travel Policy provides 24 hour emergency Medical Assistance at no extra cost through Global Response Travel Services Limited, a leading British assistance company.

Global Response Travel Services Limited operates a multi lingual office, 24 hours a day, 365 days a year and will provide immediate help in relation to liaison with doctors and hospitals, medical bills, repatriation, air ambulance and liaison with relatives. Full assistance will be given to all persons insured under the Citadel Travel Policy.

As remote countries become accessible, today's travellers need the flexibility of an insurance cover which operate equally well in Europe and in the furthest destination. As an accident or an illness overseas is never a pleasant experience, emergency medical assistance becomes a must.

Global Response Travel Services Limited provides the comfort of immediate help by a professional team of multilingual coordinators whose responsibility is to ensure that all medical emergencies are quickly and safely dealt with.

PREMIUM GUIDE

AREA 1 - EUROPE	ECONOMY	STANDARD	CLUB	
Up to 5 Days	€ 12.50	€ 16.00	€ 22.00	Persons aged 70 to 75 years - Twice all the rates Children under 2 years - Free of Charge Children under 16 years - Half the adult rate (if accompanied by an adult to be insured under the same policy) Winter Sports Cover - Three times the above rates Cancellation of Trip Extension - Cover must be purchased at least 10 days before the date of departure. Additional Premium €10.00 per adult and €3.50 per child (under 16 years of age) Rental Vehicle Excess Cover - €8.00 Excess Waiver Option - €5.00 per insured
6 to 11 Days	€ 15.00	€ 19.00	€ 26.50	
12 to 18 Days	€ 18.50	€ 24.00	€ 31.50	
19 to 24 Days	€ 21.00	€ 26.00	€ 36.00	
25 to 31 Days	€ 22.00	€ 29.00	€ 38.00	
Each Additional Week	€ 6.00	€ 11.50	€ 14.00	
AREA 2 - WORLDWIDE (excluding USA & Canada)				
Up to 5 Days	€ 23.00	€ 30.00	€ 40.00	
6 to 11 Days	€ 29.00	€ 36.00	€ 47.00	
12 to 18 Days	€ 38.00	€ 47.00	€ 62.00	
19 to 24 Days	€ 44.00	€ 53.00	€ 71.00	
25 to 31 Days	€ 48.00	€ 58.00	€ 83.00	
Each Additional Week	€ 7.00	€ 11.50	€ 16.50	
AREA 3 - WORLDWIDE				
Up to 5 Days	€ 27.00	€ 32.00	€ 40.00	
6 to 11 Days	€ 35.00	€ 39.00	€ 53.00	
12 to 18 Days	€ 43.00	€ 51.00	€ 67.00	
19 to 24 Days	€ 48.00	€ 58.00	€ 79.00	
25 to 31 Days	€ 53.00	€ 69.00	€ 90.00	
Each Additional Week	€ 7.00	€ 11.50	€ 16.50	

Additional premium per person, per unit of €11,650 benefit

Areas 1,2 & 3

Up to 5 days	€	3.00
6 to 11 days	€	3.50
12 to 18 days	€	4.50
19 to 24 days	€	5.50
25 to 31 days	€	6.50

Each additional week €2.50

PROPOSAL FORM - Please complete in block letters

Intermediary:

Name & Address of Proposer:

Email:

Tel/Mobile:

Occupation/Profession:

	Name of Persons to be insured	Age	I.D. Card	Excess Waiver (yes/no)	Winter Sports (yes/no)	Additional Personal Accident Limit	Premium (€)
1							
2							
3							
4							
5							
6							

Do you wish to take out Cancellation of Trip Cover? Yes No Premium: _____

Do you wish to take out Rental Vehicle Excess Cover? Yes No Premium: _____

Total Premium: _____

Document Duty: _____

Amount Due: _____

Period of Insurance: Days From: / / Maximum period 3 months Cover: Economy Standard Club

Territorial Limits: Europe Worldwide (Excluding USA & Canada) Worldwide (Including USA & Canada)

Have you ever sustained any losses whilst travelling abroad during the last 5 years? Yes No
If yes, please provide details: _____

DATA PROTECTION NOTICE

The controller of your data is Citadel Insurance p.l.c. and its subsidiaries ("the Company"). Should you have any queries, you may contact us by:

- Telephone: (+356) 2557 9000
- E-mail: dpsadmin@citadelplc.com
- Post: Casa Borgo, 26, Market Street, Floriana FRN 1082

If you wish to address the Company's Data Protection Officer directly, you may do so by:

- Telephone: (+356) 2759 5000 (ext: 601)
- E-mail: dpo@citadelplc.com
- Post: DPO, 170 Pater House, Psaila Street, B'Kara BKR 9077

PURPOSES AND LEGAL BASES FOR PROCESSING

The personal data provided about you on this proposal form or subsequently, whether in writing or orally, is necessary to perform the contract of insurance and/or to take steps at your request prior to entering into the contract. The Company may process such data to assess risk, underwrite and issue present and future contracts of insurance, collect premiums, assess and respond to your queries, and transfer data to and receive data from other insurance and reinsurance companies to underwrite your contract of insurance. The Company may process your data to carry out due diligence, where necessary, and to prevent, detect, suppress and/or report insurance fraud or any other criminal activity, as required by law. The Company may also process your data to establish, exercise and/or defend itself in legal action, to carry out research and compile statistics, perform actuarial science, and to protect its data systems, thus protecting its legitimate interests.

RECIPIENTS OF THE DATA

Your personal data will be received by the Company, or an intermediary on the Company's behalf, and it may be disclosed or shared, **only as is strictly necessary in accordance with the purposes outlined above**, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, vehicle history and valuation databases, the Malta Insurance Association and other insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose your data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law. The transfers of personal data to third parties located outside the EEA and countries of equivalent level of data protection on a regular basis will only be carried out under appropriate safeguards or in emergency cases using a derogation as specified in the GDPR.

DATA RECEIVED FROM OTHER SOURCES

The Company may receive personal data about you, such as identifying information, information regarding your insurance history, financial details, and medical information, from third party sources, such as the recipients listed above or from others, such as the ETARS traffic accident database and public government websites. The data is collected for the purposes outlined above. The Company may also record telephone conversations for training, security and quality control purposes. CCTV cameras are in use throughout the Company's premises.

RETENTION PERIOD

The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. If the Company does not provide you a quote on your proposal, or provides you a quote which you do not accept, the Company will store the data provided by you for five (5) years. If a policy is issued, further information on retention periods will be provided in your policy document.

YOU HAVE THE RIGHT TO:

- Acquire access to your data, including confirmation from the controller as to whether data about you is being processed and to receive further information about that processing;
- Amend inaccurate personal data;
- Request the erasure of data processed about you, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected, and is no longer necessary for regulatory compliance or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on your data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by you in a structured, commonly used and machine-readable format or to request that such data be transferred in such format to another data controller;
- Withdraw your consent to processing that is based on your consent, such as direct marketing;
- Lodge a complaint with the competent supervisory authority in Malta (IDPC), which can be made on their website <https://idpc.org.mt>;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to your specific situation. You may, at all times, object to direct marketing.

Should you wish to exercise any of your rights, you may do so by contacting us, our DPO, or by visiting our website.

IMPORTANT INFORMATION

The information that you provide is necessary for the performance of your contract of insurance, or to take steps at your request prior to entering into a contract. Failure to provide the Company with information as necessary throughout the lifetime of your policy might render the Company unable to fulfil its obligations under your contract.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is partially made by automated means. However, all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If you are acquiring a quote or an insurance policy through an insurance broker, such broker may be considered a joint controller.

If a policy is issued, a more detailed Data Protection Notice will be provided in your policy document. It is also available on our website.

HEALTH WARRANTY

No claims will be paid under Section 1 - Cancellation and Curtailment Charges, Section 2 - Personal Accident, Section 3 - Medical and Emergency Expenses and Section 9 - Hospital Cash Benefit if at the time of taking out this insurance:

a. The insured and/or

b. Any person with whom the insured has arranged to Travel or stay was receiving or awaiting medical or surgical treatment at the time of effecting this insurance and/or was suffering from:

- i) A pre-existing medical condition
- ii) Any medical condition for which he/she has received a terminal prognosis
- iii) Any medical condition which he/she is on a waiting list for or has knowledge of the need for surgery, inpatient treatment or investigation at a hospital or clinic or nursing home.

DECLARATION

I/We declare that the information given in the Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/We agree that if my/ours answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. I/We further declare that no material fact has been withheld and I/We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. **A material fact is one which is likely to influence Citadel Insurance p.l.c. in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. I/We understand that the cover under the policy will not be operative until proposal Form has been accepted by Citadel Insurance p.l.c. the relative premium has been paid and received by Citadel insurance p.l.c. By signing this form, you confirm that you have brought this Data Protection Notice to the attention of all other persons specified in this form.

I/We have read and understood the Data Protection Notice, the Health Warranty, the Declaration, the Important Notes and any other information relating to my/our rights. If there is more than one proposer, then all persons must sign.

KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes

No

Name and Surname of Proposer(s) (BLOCK LETTERS)

Signature of Proposer(s)

Date:

ID Card: _____

Name and Surname of Intermediary