PLEASE READ THE FOLLOWING BEFORE SIGNING:

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/ or sensitive data supplied on/ in this application/ proposal form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following purposes:

- underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, co-insurance and actuarial activities:
- 2. the proper performance of your contract of insurance:
- underwriting of subsequent insurance applications/ proposal forms which you may lodge with the Company;
- preventing, detecting and/ or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations:
- 5. establishing, exercising or defending any legal action;
- internal management, research and statistics, systems administration and the development and improvement of our products and services;
- 7. the protection and promotion of our legitimate interests and the proper conduct of our business;
- informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and tied insurance intermediaries or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and tied insurance intermediaries, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in Point 8.

Should you have availed yourself of the services of one of our agents or tied insurance intermediaries you confirm that you are aware that such agents and tied insurance intermediaries will process your personal data pursuant to their legal obligations.

Kindly inform us by ticking the box below should you not want to receive any direct marketing in terms of point 8.

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".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

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 for which he/she is on a waiting list for or has knowledge of the need for surgery, inpatient treatment or investigation at a hospital clinic or nursing home.

DECLARATION

I/ We declare that the information given in this Proposal Form is to the best of my/ our knowledge true, accurate and complete. Further, I/ we agree that if my/ our 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 plc 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 this Proposal Form has been accepted by Citadel Insurance plc, the relative premium has been paid and received by Citadel Insurance plc.

 $\rm I/$ We have read and agree to the Data Protection Notice, the Health Warranty, the Important Notes, the Declaration and any other information relating to my/ our rights.

I do not consent to direct marketing

Signature of Proposer:

Date: / /

Sloriana | 2557 9000 - Freephone | 8007 2322 ☑ info@citadelplc.com ⊕ citadelplc.com

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

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

Travel Insurance

your all round protection

Citadel Insurance p.l.c. Branches

Haż-Żebbuġ | 2146 4873 | iż-Żejtun II-Gżira | 2133 2151 Paola In-Naxxar | 2141 9198 San Ġwann II-Mosta | 2143 8880 Victoria. Gozo

Paola | 2180 6247 San Ġwann | 2733 0044 Victoria, Gozo | 2156 6660



insurance proposal form

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.

PLEASE COMPLETE IN BLOCK LETTERS

Intermediary:

Name & Address of Proposer:

	Name of Persons to be Insu	red Age		Excess Winter Waiver Sports (yes/no) (yes/no)	Additional Personal Accident Limit	Premium (€)			
1									
2									
3									
4									
5									
6									
	Do you wish to take out Cancellation of Trip Cover?								
	Do you wish to take out Rental Vehicle Excess Cover?								
					Total Premium:				
					Document Duty:				
					Amount Due:				
Pe	eriod of Insurance: Days	From: / /	Maximum perio 3 months	od Cover: Ed	conomy Standard	Club			
Te	erritorial Limits: Europe	Worldwide (Excluding	g USA & Canada)	Wor	dwide (Including USA &	Canada)			
	Have you ever sustained any losses whilst travelling abroad during the last 5 years?								

PREMIUM GUIDE

AREA 1 - EUROPE							
	ECONOMY		STANDARD		CLUB		
Up to 5 Days	€ 12.50		€ 16.00		€ 22.00		
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 and 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 - V	VO	RLDWIDE				
Up to 5 Days	€ 27.00		€ 32.00		€ 40.00		
6 to 11 Days	€ 35.00	T	€ 39.00		€ 53.00		
12 to 18 Days	€ 43.00	1	€ 51.00		€ 67.00		
19 to 24 Days	€ 48.00	I	€ 58.00		€ 79.00		
25 to 31 Days	€ 53.00		€ 69.00		€ 90.00		
Each Additional Week	€ 7.00		€ 11.50		€ 16.50		

to be insured under the same policy)	Persons aged 70 to 75 years Children under 2 years Children under 16 years	
Winter Sports Cover - Three times the above rates.	Winter Sports Cover	- Three times the above rates.
Cancellation of Trip Extension - Cover must be purchased at least two weeks before the date of departure. Additional Premium €10.00 per adult and €3.50 per child (under 16 years of age)	Cancellation of Trip Extension	least two weeks before the date of departure. Additional Premium €10.00 per adult and €3.50 per child (under 16 years
Rental Vehicle Excess Cover $- \in 8.00$ Excess Waiver Option $- \in 5.00$ per insured		- €8.00

ADDITIONAL PERSONAL ACCIDENT COVER

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

Areas 1,2 & 3

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

Each additional week €2.50

THE CITADEL TRAVEL INSURANCE

PROPOSAL FORM

Falling, losing your money, mislaying your luggage, cancelling your trip. These are just a few of the problems that can easily arise when you travel abroad. Problems that can rapidly turn into nightmares without Travel Insurance.

The CITADEL TRAVEL POLICY will help give you greater peace of mind at a price that is affordable.

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.

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
6.	Personal Liability	€1,200,000	€1,200,000	€1,200,000
7.	Delayed Departure		rst 12 hours and ull 12 hours, ma	
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, maximun	n €480
11.	Missed Departure	€ 250	€ 600	€ 1,000

YOUR BENEFITS AT A GLANCE

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 \in 58,250 for all Insured 16 years of age and over.

Cancellation of Trip cover - Limit of $\in 2,500$ per Insured. Cover must be purchased at least two 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 €116 (€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) Organization and the set of the set of
 - 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 summary 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.
- 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) Jewelery, 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.