

## IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

## DATA PROTECTION NOTICE

Citadel Insurance p.l.c. and its subsidiaries (hereinafter "Citadel") are the data controllers of the information submitted in respect of this claim, whether submitted in writing or verbally, and such data is subject to the full terms and conditions of Citadel's Data Protection Notice, which may be found in the policy document.

I/we understand that the information received by Citadel about me/us in respect of this claim is necessary for Citadel to properly assess, defend and/or settle this insurance claim, and is therefore necessary for the purpose of performing its contractual and legal obligations towards me/us. Citadel may also process this data to assess risk, underwrite future contracts of insurance, collect premiums and submit other bills, and assess and respond to my/our queries. Furthermore, the data may be processed by Citadel to adhere to its legal obligations, such as to keep proper accounting records and to detect and report crime (including insurance fraud), and to safeguard its legitimate interests.

I/we further understand that my/our personal data is received by Citadel, or an insurance intermediary on Citadel's behalf, and it is disclosed, only when necessary, with Citadel's employees, insurance intermediaries, external consultants and legal advisors, loss adjusters and surveyors, repairers, healthcare professionals, the Malta Insurance Association and insurance and reinsurance companies, among others. Citadel may, therefore, receive data about or relating to me/us from these third parties and others.

I/we further understand that Citadel retains my/our personal data only for as long as it is necessary for the purposes outlined above, unless a longer retention period is required or permitted by law. I/we, as a data subject, have the right to access my/our data, amend it to the extent that it is inaccurate, object to direct marketing and to the processing of data, request the erasure of data, or to have the data transferred to another controller, make a complaint to the Information and Data Protection Commissioner, among other rights. The exercise of such rights may be subject to certain conditions and limitations.

In case of queries, or to exercise my/our rights, I/we may contact Citadel on (+356) 2557 9000 or on [dpadmin@citadelplc.com](mailto:dpadmin@citadelplc.com) or Citadel's Data Protection Officer on (+356) 2759 5000 (ext: 601) or on [dpoc@citadelplc.com](mailto:dpoc@citadelplc.com).

**The full Data Protection Notice may be requested at any time, and is available on our website.**

## DECLARATION

1. I/we the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. I/we claim the above in respect of the items mentioned.

### KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes  No

I/we have read and understood the Important Notice, the Data Protection Notice, the Declaration, and any other information relating to my/our rights.

### SIGNATURE OF INSURED:

### ID CARD NUMBER:

DD / MM / YYYY

DATE:

### FOR OFFICE USE ONLY

CLAIM NUMBER:

Travel Claims Form 11/18

# Travel Insurance

Claim Form

  
Citadel  
Insurance

**GUIDANCE NOTES**

1. Before completing this form you should read it all through carefully.
2. When completing the form please write clearly and neatly, and 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".
3. For loss, damage and cancellation and curtailment claims please attach herewith any documents and/or information to support your claim.
4. You are required to report any losses or thefts to police authorities in order for a claim to be paid. If the loss or theft occurred in a particular place such as your hotel you will also need to report it to the hotel management. This should be done within 24 hours of your discovering the loss. Keep a copy of the police report to present it to us when you make the claim.
5. For claims relating to lost or damaged baggage during the flight, you will need to present a "Property Irregularity Report" which you should collect at the airline desk before you leave the airport. If you discover the damage after leaving the airport, notify the airline in writing. Most airlines require notification of your loss within seven days.
6. Please DO NOT dispose of any damaged property until we have been given the opportunity to inspect it.
7. Once the form is completed please sign the declaration at the end and keep a copy for your own records.
8. Send the form to us: Citadel Insurance p.l.c., 'Casa Borgo', 26, Market Street, Floriana, FRN 1082, Malta.
9. When we have been told of your claim we will investigate it fully and may ask you for additional information.
10. The claim will be dealt with promptly and fairly.
11. **Should you have any further questions please do not hesitate to contact us. We have arranged a freephone service for your convenience: 80072322**

**POLICYHOLDER / CLAIMANT(S)**

Policyholder name:		Certificate No:	Type of cover:
Claimant name:		Date of birth:	Occupation:
Postal Address:			
Mobile:	Telephone:	E-Mail:	
I.D. card number or passport number:		Issued at:	Date of issue:
Have you sustained a loss or made a claim against any insurer in the past 5 years? If yes, please give details:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any insurances covering the loss? If yes, please give details:			Yes <input type="checkbox"/> No <input type="checkbox"/>

*Note: Should a claim involve various members of the same household, please complete the information hereunder for each separate claimant.*

Name:	I.D. card number or passport number:	Occupation:	Date of birth:
2.			
3.			
4.			

**DETAILS OF VOYAGE**

Date of departure:	Date of return:	Destination/Countries:
Purpose of the journey:		
<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">Holiday</span> <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">Business</span>		
<input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">Other:</span>		

**PLEASE COMPLETE THIS SECTION IF YOU HAVE SUFFERED LOSS, DAMAGE, OR THEFT OF PERSONAL BELONGINGS, PERSONAL MONEY (including personal documents) & PASSPORT.**

Date and time of incident:

Location where the incident occurred:

Explain fully in detail how the incident occurred:

Description of item	Belongs to claimant number	Date of purchase	Purchased from	Original purchase price €	Cost to replace €
				Total	€

**PLEASE ATTACH ORIGINAL AND / OR A MINIMUM OF TWO (2) ESTIMATES FOR THE REPAIRS / REPLACEMENT OF ITEMS WHICH ARE BEING CLAIMED ABOVE.**

Quotations are attached

Yes  No

*IF YOU ARE STILL WAITING FOR ESTIMATES OF REPAIRS AND / OR REPLACEMENT, PLEASE ENSURE THAT THEY REACH OUR OFFICES AS SOON AS POSSIBLE IN ORDER THAT WE MAY SETTLE CLAIM MORE QUICKLY.*

Have you reported the incident to the police / airline?

Yes  No

Police Station:

Airline company:

Date & time reported:

Date & time reported:

Police report number:

Airline report number:

**IF THE CLAIM RELATES TO THEFT OF CASH, PLEASE ATTACH DOCUMENTATION TO SUBSTANTIATE THE AMOUNT OF CASH THAT WAS TAKEN ABROAD.**

Please clarify what financial arrangement did you make to enable you to carry on your trip following this loss? (please attach documentation to substantiate this):

**PLEASE COMPLETE THIS SECTION IF YOU HAVE A CANCELLATION / CURTAILMENT CLAIM**

Date of cancellation / curtailment:

State reason for cancellation / curtailment:

Please specify the amount paid in respect of travel tickets (excluding taxes) and any other non-refundable deposits: €

Please specify the name of the travel agent or the ticket issuing office:

Was the travel agent or ticket issuing office notified immediately of the cancellation?

Yes  No

Please specify the amounts recovered if any, from the travel agent or ticket issuing office: €

Does the above amount include taxes? Yes  No  If so please specify the amount: €

**If the reason for cancellation / curtailment relates to illness, accidental bodily injury or death please complete the following:**

Name of sick / injured person:

Relation to the claimant:

When were the first symptoms of illness / injury discovered?

Name of GP who examined the sick / injured person/s:

**PLEASE COMPLETE THIS SECTION IF YOU HAVE A CLAIM FOR THE DELAY OF BAGGAGE AND / OR ELAY IN DEPARTURE**

In the event of a delay in the delivery of your baggage, please complete the following:

Please specify the number of hours the baggage was delayed: \_\_\_\_\_ Hrs

**PLEASE ATTACH THE WRITTEN CONFIRMATION NOTICE FROM THE CARRIER / HANDLING AGENT, CONFIRMING THE NUMBER OF HOURS YOUR BAGGAGE WAS DELAYED TOGETHER WITH THE ORIGINAL PURCHASE RECIEPTS FOR THE EMERGENCY EXPENSES INCURRED.**

Description of item	Belongs to claimant number	Date of purchase	Original purchase price €
Total			€

In the event of a delay in the departure of the ship or aircraft in which you are booked to travel, please complete the following

Date and time of the original departure:	Date and time of the actual departure:	
Reason for delay:	Flight number :	Destination:

**PLEASE ATTACH THE WRITTEN CONFIRMATION NOTICE FROM THE CARRIER, CONFIRMING THE REASON OF THE DELAY AS WELL AS THE NUMBER OF HOURS.**

**PLEASE COMPLETE THIS SECTION IF YOU HAVE A CLAIM FOR MEDICAL EXPENSES, PERSONAL ACCIDENT AND / OR HOSPITAL BENEFIT**

Please state the nature of the illness / injuries suffered:

In the case of injury / ies please describe how the incident occurred:

Date and time of occurrence:

Have you ever received any inpatient treatment for this illness or injury before effecting this insurance policy?  
If Yes, please specify. Yes  No

Have you ever suffered from a similar illness or injury before effecting this insurance policy? Yes  No

Name of GP who examined the sick / injured person/s:

Were you hospitalised following this illness / injury?  
If Yes, please complete the following: Yes  No

Hospital name & address:	Number of days spent in hospital:
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Do you hold any medical insurance cover?  
If yes, please specify the policy number and Insurance company: Yes  No

Did you call Global Response to report the Injury / illness?  
If not, please give reasons why you did not: Yes  No

Please specify the amount paid for Medical expenses which you are claiming for: €

**PLEASE ATTACH ANY MEDICAL CERTIFICATES AND / OR RECEIPTS OF MEDICAL EXPENSES INCURRED.**

**PLEASE COMPLETE THIS SECTION IF YOU HAVE A PERSONAL LIABILITY CLAIM**

Date and time of occurrence:	Location where the incident occurred:
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Explain fully and in detail how the incident occurred:

Third party name:	Date of birth:	Occupation:
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Postal address:

Mobile:	Telephone:	E-Mail:
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Please provide details of third party damaged property