



G.A.P. VASSILOPOULOS
GENERAL INSURANCE REPRESENTATIVES LTD

Proposal for Travel Insurance / Πρόταση για Ασφάλιση Ταξιδιού

Please Complete in **BLOCK CAPITALS** throughout / Παρακαλώ συμπληρώστε την πιο κάτω αίτηση **ΜΕ ΚΕΦΑΛΑΙΑ**

Name of First Applicant / Όνομα Πρώτου Αιτητή	Passport No or I.D. / Αρ. Διαβατηρίου ή Ταυτότητα	Date of Birth / Ημερομηνία Γεννήσεως

Address / Διεύθυνση:

Telephone / Τηλέφωνο:

Names of other Applicants / Ονόματα Άλλων Αιτητών	Passport No or I.D. / Αρ. Διαβατηρίου ή Ταυτότητα	Date of Birth / Ημερομηνία Γεννήσεως

Mark "✓" the Area to be Visited / Σημειώσατε "✓" την Περιοχή Που θα Επισκεφθείτε

Europe / Ευρώπη Worldwide(excluding U.S.A. & Canada / Παγκόσμια (εκτός Η.Π.Α. & Καναδά) Worldwide / Παγκόσμια

Winter Sports / Χειμερινά Αθλήματα

Mark "✓" if Winter Sports Coverage is Required / Σημειώσατε "✓" αν Θέλετε Κάλυψη για Χειμερινά Αθλήματα

SUMMARY OF SUMS INSURED / ΠΕΡΙΛΗΨΗ ΑΣΦΑΛΙΣΜΕΝΩΝ ΠΟΣΩΝ

	STANDARD	EXECUTIVE	CROWN
Baggage / Αποσκευές	€850	€1.350	€1.700
Money /Προσωπικά Χρήματα	€200	€400	€600
Personal Accident / Προσωπικά Ατυχήματα	€17.000	€35.000	€50.000
Cancellation & Curtailment / Ακύρωση Αναχώρησης & Έξοδα Διακοπής Ταξιδιού	€450	€600	€850
Medical Expenses / Ιατρικά Έξοδα	€85.000	€175.000	€250.000
Personal Liability / Προσωπική Ευθύνη	€175.000	€175.000	€175.000
Delayed Departure up to / Καθυστερήση Αναχώρησης Μέχρι και	€450	€600	€850

Mark "✓" the Cover Required / Σημειώσατε "✓" Την Επιλογή Σχεδίου

Period of Insurance / Περίοδος Ασφάλισης

Maximum Period 90 days / Μέγιστη Περίοδος 90 Μέρη

Days / Μέρη

From / Από: ____/____/200__

Premium / Ασφάλιστρο

€ ____

Stamps & Fees / Χαρτόσημα & Δικαιώματα

€ 15,00

Total / Σύνολο

€ ____

By signing this application you are confirming that you are in good health and not traveling from Medical Reasons.

Furthermore, please disclose any other facts that may influence the acceptance of the risk.

On acceptance of the Application and payment, a Schedule will be issued and together with the Proposal shall be the basis of this contract

Με την υπογραφή σας σε αυτή τη αίτηση επιβεβαιώνετε ότι είστε σε καλή υγεία και δεν ταξιδεύετε για ιατρικούς λόγους.

Επίσης παρακαλώ αναφέρετε οποιαδήποτε άλλα γεγονότα που τυχόν επηρεάζουν την αποδοχή του κινδύνου.

Με την αποδοχή της αίτησης και την καταβολή του ασφαλιστρού, θα εκδοθεί ο Πίνακας του Ασφαλιστηρίου που μαζί με την Αίτηση θα αποτελούν αναπόσπαστο μέρος του Ασφαλιστηρίου συμβολαίου.

Applicant's Signature / Υπογραφή Αιτητή: _____

Date / Ημερομηνία: _____

For Office Use / Εσωτερική Χρήση

Όνομα Αντιπροσώπου: _____

Κωδικός Αντιπροσώπου: _____

The Processing of Personal Data (Protection of Individuals) Law 138(I) of 2001

In accordance with the provisions of the above Law, Brit Insurance Ltd and/or Catlin Insurance Company (U.K.) Ltd, in their capacity as Controllers within the meaning of the Law, wish to advise the Proposer and any other person seeking Insurance, that in order to issue the Insurance Contract, it is necessary to collect and process personal data, including sensitive data.

The information so collected about you is processed for the purpose of the underwriting and management of your insurance and administering claims. We may pass this information to loss adjusters and reinsurers for these purposes. This may involve the transfer of your information to countries which do not have data protection laws.

The personal data will be recorded in an Electronic or any other form to the Personal Data filing system(s), within the meaning of Law, maintained by Brit Insurance Ltd and/or Catlin Insurance Company (U.K.) Ltd, or by any other company or person with which co-operation exists and/or an agreement is in force.

In addition to the primary purpose of processing the personal data, which is the execution and administration of the Insurance Contract, such data will also be processed for the purpose of research and statistical analysis, promoting new products of the Companies as well as maintaining high service standards.

The recipients of the personal data shall be duly authorised personnel of the Companies and of any other company or person with which co-operation exists and / or agreement is in force. The processing of such data is confidential and shall be carried out only by persons acting under the authority of the Controllers.

The Proposer has the right of access to and rectification of the data relating to him as well as the right of objection to the processing of such data. The right of access and objection shall be exercised by the submission of an application to the Controller and the payment of the sum prescribed by the Regulations issued under this Law.

In the event that the Proposer refuses to authorise or objects to the processing of the data relating to him, the Companies reserve the right not to accept the Proposal for Insurance or to terminate the Insurance Contract or to reject any Claim for compensation.

Declaration

All information included in this document represents the notification that the Companies acting as the Controller has an obligation, in accordance with the Law, to provide me with and by signing this Declaration I acknowledge and declare that the Company has informed me to provisions of this Law.

Furthermore, by signing this Declaration I hereby grant my express consent to Brit Insurance Ltd and/or Catlin Insurance Company (U.K.) Ltd, to collect and process data relating to myself, which may also include sensitive data, and to maintain such data in the Companies personal data filing system(s), within the meaning of the Law.

The Proposer

Full Name: _____

I.D. Number: _____ Signature: _____

Date: _____