

1. Proposer's Particulars		
Name:	Surname:	
Address:	Town:	Postcode:
Home Tel. No.:	Mobile Tel. No.:	
E-mail Address:		
Identity Card No.:		
Profession or Occupation <i>(If more than one, state all):</i>		
Date of Birth:	Height:	Weight:

2. Period of Insurance		
From:	To Midnight of:	both dates inclusive

3. Selected Benefits		
<i>Enter amounts of Insurance required in Sections selected</i>		
Compensation	Annual Premium €	Extra Premium €
Section A	A	
Section B	B	
Section C	C	
Section D per week	D	
Section E per week	E	
Section F	F	

4. General Information
<p>(a) Have you any physical defects, infirmity or ill-health of any description? If so, give particulars.</p> <p>(b) Give full details of accidents or illnesses for which you have consulted a doctor in the last 5 years.</p> <p>(c) Has any Company or Insurer in respect of Life, Illness or Personal Accident Insurance declined or required special terms to insure you?</p> <p>(d) Have you any other Personal Accident Insurance? If so, give particulars.</p> <p>(e) Do you engage in any of the activities normally excluded from this Insurance (see Exclusions – p.3) or any other activity involving additional risk of accident? Give full details if cover against such risks is required.</p> <p>(f) To what extent will you travel by air?</p> <p><i>Master / Employee / Superintending only / Working manually / Using machinery / Not using machinery (Delete whichever is not applicable)</i></p>

Benefits and Premiums

Section Benefits (€)		Annual Premium (€)		
		class 1	class 2	class 3
A	Death €1,000	0.75	0.95	1.30
B	Total and Permanent loss of :- (1) all sight in both eyes (2) both hands or feet or one hand and one foot (3) all sight in one eye and one hand or foot (4) all sight in one eye (5) one hand or foot } €1,000 } €500	0.12	0.15	0.25
C	Other Permanent Disablement as specified below €1,000 <i>Percentage of Compensation</i> (1) Total and permanent disablement from following any employment or occupation 100% (2) Total and permanent loss of hearing or speech 50% (3) Total and permanent loss of hearing in one ear 15% (4) Total and permanent loss of arm from shoulder 75% (5) Total and permanent loss of forearm 65% (6) Total and permanent loss of thigh 75% (7) Total and permanent loss of leg at or below knee 65% (8) Total and permanent loss of thumb (both phalanges) 25% (9) Total and permanent loss of thumb (one phalanx) 10% (10) Total and permanent loss of index finger (three phalanges) 10% (11) Total and permanent loss of index finger (two phalanges) 8% (12) Total and permanent loss of index finger (one phalanx) .. 4% (13) Total and permanent loss of finger other than thumb or index finger 5% (14) Total and permanent loss of great toe 5% (15) Total and permanent loss of any other toe 1% 'Total and permanent loss' includes total and permanent loss of use. In addition compensation is paid for any permanent partial disablement (other than loss of sense of taste or smell) not specified above, the proportion being assessed by the Company after consulting its Medical Advisers without taking into consideration the Insured's occupation. The maximum compensation under this Section is 100%	0.75	0.95	1.30
D	Weekly compensation for Temporary Total Disablement €10	2.00	2.50	3.50
E	Weekly compensation for Temporary Partial Disablement €4	1.00	1.25	1.75
F	Medical Expenses <i>Indemnity Limit (any one accident)</i> Reasonable Medical, Surgical, Hospital, Nursing Home and Nursing Fees or charges incurred as a result of an accident covered by the Policy within twelve months of the date of the accident €100 €200 €500 €1000	2.00 3.00 5.00 10.00	2.50 3.80 6.30 12.40	3.50 5.30 8.80 17.60

Notes:

- For Sections A to E inclusive, larger or smaller compensation may be insured at proportionate premiums except that Section C may not be insured for more than Section B.
- Section E may not be insured without Section D (maximum under both Sections combined 100 weeks) nor for more than 40% of Section D.
- Section F may not be insured without Section D.

Classification of Occupations

- Class 1 - Persons engaged in professional, administrative, managerial, clerical and non-manual occupations generally.
- Class 2 - Persons engaged in work of a supervisory nature and others not in Class 1 whose duties do not involve the use of tools or machinery or expose them to any special hazard.
- Class 3 - Persons engaged in manual work not of a particularly hazardous nature but involving the use of tools or machinery.

Some occupations come within higher classifications and will be considered on application.

Personal Accident (Selected Benefits) Insurance

The Cover

The Company provides insurance against accidental death and injury and is specially designed to permit you to select whatever combination of benefits and compensation are best suited to your particular needs:

- A. Death
- B. Total and Permanent loss of sight or limbs
- C. Other Permanent Disablement
- D. Weekly compensation for Temporary Total Disablement
- E. Weekly compensation for Temporary Partial Disablement
- F. Medical Expenses

Cover is world-wide and includes air travel as a passenger in any licensed passenger – carrying aircraft unless for the purposes of undertaking trade or technical operation therein or thereon.

Policies are available between the age limits of 16 to 60 years and are not normally subject to revision before attainment of 70 years of age.

A specimen policy setting out the terms and conditions will be supplied on request.

Exclusions

The Insurance will not apply to any event resulting from riot or strike or the Insured engaging in or practising for winter sports, football, polo, hunting, mountaineering, motor cycling or racing of any kind other than on foot. These may be generally covered for an additional premium.

The Policy also contains exclusions for suicide and war and kindred risks which cannot be covered.

Instructions for Premium Payment (Please mark ✓ accordingly)

- (1) Settlement in ONE instalment
- (4) Settlement in FOUR consecutive monthly instalments. (One-off charge €4.00)
- (7) Settlement in SEVEN consecutive monthly instalments. (One-off charge €10.00). This choice applies only for annual policies.

Note: In all cases the 1st instalment is due for payment on or before the starting date of the Period of the Insurance.

BANKING MANDATE

For settlement of the above instalments via Direct Debit please complete and sign the specific Mandate, available at the Company's Offices or on your Insurance Intermediary. For every Policy a separate Mandate must be completed.

Data Protection

In accordance with the provisions of the General Data Protection Regulation (GDPR) (EU) 2016/679, as well as any other relating legislation, Commercial General Insurance Ltd (CGI), in its capacity as Controller, collects and processes personal data and/or sensitive data, for the purpose of providing the services requested by the Proposer under the present Policy. CGI may transfer personal data to a third party to the extent that this is required as a contractual necessity, on the ground of legal obligations and/or protection of its legitimate interests. The personal data will be recorded in an electronic or any other form to the personal data filing system(s), within the meaning of the Law, maintained by CGI or by any other company or person with which co-operation exists and/or an agreement is in force.

The recipients of the personal data shall be the duly authorised personnel of CGI and of any other company or person with which co-operation exists and/or a relevant agreement is in force. The processing of such data is confidential and shall be carried out only by persons acting under the direct or indirect authority of CGI. CGI has taken all appropriate measures to ensure that these persons follow the guidelines of the GDPR regarding the safe processing of personal data.

In relation to the personal data that CGI processes, the Proposers have the right to request:

- Access to their personal data.
- Correction of their personal data.
- Erasure of their personal data.
- That CGI stops processing their personal data.
- The Restriction of Processing of their personal data.
- The Transfer of their personal data to another party.

Proposers who wish to exercise their rights in accordance with the provisions of the GDPR or any other relating legislation or require further information as to the way CGI processes personal data may contact CGI's Data Protection Officer at CGI's Head Office at Commercial Union House, 101 Arch. Makarios III Avenue, 1071, Nicosia or through email at DPO@cgi.com.cy.

Further information regarding data protection can be found in CGI's Privacy Notice which is available at <http://www.cgi.com.cy>.

Sensitive Data

Commercial General Insurance Ltd (CGI) collects health data through this Proposal, which amount to sensitive personal data, hence your consent is required in order to be entitled to process it. Processing of such personal data will allow CGI to underwrite the risk. Please note that you are not obliged to provide CGI with your consent and you also have the right to recall your consent at any time, after providing it, by contacting the Data Protection Officer of CGI. However, in the event that the Proposer refuses to authorise or objects to the processing of the personal data relating to him, CGI reserves the right not to accept the Proposal for insurance or terminate the insurance contract or reject any claim for compensation. Personal data will be retained for the minimum amount of time required under CGI's contractual or legal obligations.

Statement of consent (Please mark ✓ accordingly)

- I agree to the processing of my sensitive personal data by CGI for the aforementioned purposes.
- I do not agree to the processing of my sensitive personal data by CGI for the aforementioned purpose.

Consent for Commercial Purposes (Please mark ✓ accordingly)

I would like to be informed of any other insurance services or products offered by Commercial General Insurance Ltd (CGI) from time to time and, towards that, I give my consent that CGI processes my personal data for the purposes of promoting other insurance related services or products to me. YES NO

Declaration

I hereby declare that the information provided in this Proposal is correct and that I have not concealed, distorted or misrepresented any fact. I also agree that this Proposal and Declaration shall be binding upon me, shall form the basis of this Policy between myself and Commercial General Insurance Ltd (CGI) and will be considered as forming part of the Policy to be issued.

I also declare that CGI and/or the Insurance Intermediary pursuing activities of insurance distribution on CGI's behalf, whose details appear below, has provided me with all the general, precontractual and other information required by the Law on Insurance and Reinsurance Services and Other Related Issues of 2016 and by the relevant Regulations, or any Law or Regulations substituting or amending the same.

I further declare that I have examined and fully understood all the information provided to me in accordance with the provisions of the above Law.

Signature of Proposer

Date

Note

This Insurance will not be in force until the risk has been accepted by the Company. The Company reserves the right to reject any Proposal for Insurance.

Name of Insurance Intermediary:



COMMERCIAL GENERAL INSURANCE LTD

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