Middlesea Insurance p.l.c.
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MIDDLESEA
A MEMBER OF THE MAPFRE GROUP

FLYPASS AIR MALTA Frequent Flyer Programme

ANNUAL TRAVEL INSURANCE FORM

APPLICATION FORM FOR ANNUAL TRAVEL COVER UNDER THE FLY PASS PROGRAMME ISSUED BY MIDDLESEA INSURANCE P.L.C THROUGH OSPREY INSURANCE BROKERS CO. LTD.

PLEASE COMPLETE IN BLOCK CAPITALS THROUGHOUT

Flypass Membership Number KM	Contact No.
Name and Surname of proposer (in full)	
I.D. card no.	Date of birth
Address	
Insurance required with effect from / / to 31st December 2013.	

IF COVER FOR SPOUSE/CHILDREN UNDER 18 YEARS OF AGE IS REQUIRED KINDLY COMPLETE THE FOLLOWING DETAILS

Flypass Membership Number KM	
Name of Spouse (in full)	
I.D. card no.	Date of birth
Name of Child (in full)	
I.D. card no.	Date of birth
Name of Child (in full)	
I.D. card no.	Date of birth
The above are subject to an additional premium	

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

If cover for spouse or children is required, such details are to be provided above, and premium is adjusted accordingly. Irrespective of date of purchase, full premium is payable.
Information on this form or any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever increasing problem of insurance fraud. Signature of this proposal form confirms your consent to this fact-sharing exercise. Details shared are limited to what is absolutely necessary within the strict bound of confidence and will always regard your file as being a document protected by the Professional Secrecy Act 1994.
All information collected about you will be processed in accordance with the Data Protection Act.

When completing this application form, you should disclose any fact, which may influence the acceptance of the risk.

HEALTH WARRANTY

If you cannot guarantee any of the statements listed under the following Health Warranty, you must advise us immediately. Failure to do so could invalidate your policy. It is important, as it may affect your cover that you tell us at the time of purchasing your policy or renewing your policy, if any person:

1. has received advice, medication or treatment for any serious chronic or recurring illness, injury or disease in the last 12 months;
2. is under investigation or awaiting the results of any diagnosed or undiagnosed medical condition;
3. is on a waiting list for, or is aware of the need for in-patient treatment for any diagnosed or undiagnosed medical condition;
4. is travelling against doctor's advice;
5. has received a terminal prognosis;
6. or if any close relative, close business associate, travelling companion, or person with whom you plan to stay (and upon whose good health your trip depends) has a serious, chronic or recurring illness, injury or disease which could affect your decision to take or continue your trip.

I/We declare that the information given in the proposal is to the best of my/our knowledge correct and complete in every detail.

The insurance will not be in force until the proposal has been accepted and the premium settled. Once in force, the Insured is bound by the Terms and Conditions applicable to this policy.

Signature of policyholder	Date
Cheque no.	Drawn on
Amount €	

Cheques are to be made payable to Osprey Insurance Brokers Co. Ltd. and mailed directly to Osprey Insurance Brokers Co. Ltd, Aviation Park, Vjal l-Avjazzjoni, Luqa, LQA 9023.

FLYPASS AIR MALTA Frequent Flyer Programme

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Type	Annual Travel Insurance
Insured Persons	Members of the Fly Pass Programme
Policy Number	P64000007
Worldwide Assistance	Tel. No 00356 22480209
Period of insurance	Trips commencing between 01/01/2013 or the date the policy is purchased, if later and 31/12/2013 up to a maximum period of 90 days per trip.
Geographical Area	Worldwide

SECTION	BENEFITS	LIMITS OF INDEMNITY	EXCESS
1A	Cancellation Abandonment	€5,000.00	€50.00
1B	Trip Cancellation	€2,000.00	€50.00
2A	Medical Expenses	€600,000.00	€50.00
2Ba	Hospital Benefit	€1,165.00	Nil
2Bb	Treatment in Malta	€1,165.00	Nil
3A	Delayed Departure	€250.00	Nil
3B	Missed Departure	€750.00	Nil
3C	Hijack	€960.00	Nil
4A	Personal Money	€1,000.00	€50.00
4B	Baggage	€2,500.00	€50.00
	Limit Per Item	€1,000.00	-
	Limit for valuables	€1,200.00	-
4C	Delayed Luggage	€700.00	Nil
4D	Travel Documents	€250.00	Nil
4E	Rental Vehicle Policy Excess	€400.00	Nil
5	Liability	€1,250,000.00	€50.00
6	Personal Accident	€100,000.00	Nil
	if under 16 years old	€20,000.00	Nil

Middlesea Insurance p.l.c. (C-5553) is authorised by the Malta Financial Services Authority to carry on both Long Term and General Business under the Insurance Business Act, 1998.

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