

iCycle

Atlas iCycle Proposal Form



iCycle Proposal Form

Complete in ink in BLOCK CAPITALS.

You are advised to keep a copy of this Proposal Form for your records. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.

Non-Disclosure Warning. It is your duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so will prejudice the settlement of any claim or invalidate your policy. Please mention such facts (even if not the subject to a question below) or if in doubt refer to us or to your insurance intermediary.

Note that: this insurance does not come into force until we have accepted your proposal. You must inform us of any alteration in the risk in the meantime.

Understand how to set the Sum Insured: Do ensure that your sums insured adequately represents the current cost as new. Depreciation will be deducted from the sums insured as specified in the policy terms.

Details of the Proposer

Name and surname:	<input type="text"/>		
ID card/passport no:	<input type="text"/>	Date of birth:	<input type="text"/>
Business or occupation:	<input type="text"/>	Email address:	<input type="text"/>
Postal address: (including post code)	<input type="text"/>		
Address where bicycle/s is/are usually kept	<input type="text"/>		
Telephone Numbers:	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>

Details of your Bicycles/Cover options

a. Date for when cover is required to

b. Which policy cover is required? Line cover Upshift cover

Item No	Bicycle description and accessories description	Serial Number	Year of Manufacture	Is racing cover (SPRINT option) required? Y/N	Sum Insured € (New for Old value)	Sum Insured € (less depreciation)
1						
2						
3						
4						
5						
6						
7						

Maximum total accessories: €500 for bicycles up to €3,000/€1,000 for bicycles exceeding €3,000.
Copies of receipts/valuations to be attached

c. Is **Public Liability** cover required? Yes No

d. Is **Personal Accident** cover required? Yes No

e. Is the **Family option** required? Yes No

If yes, please fill in the following information:

Family member(s) name and surname	Identity card or passport number	Date of birth

General Questions

- a. How long have you been cycling? years
- b. During the last five years, have you or any family member suffered loss, destruction or damage or have been liable for any accident involving other persons in respect of cycling? Yes No
- c. Has any insurer ever imposed special terms on you or on any family member or declined you or any family member insurance at any time? Yes No
- d. Have you or any family member ever been subject to any declaration of bankruptcy or been convicted or charged with but not yet tried for any offence other than driving offences? Yes No
- e. Do you or any family members have any policies in force covering any of the risks to be insured against? Yes No

If you answered **Yes** to any of the above, please provide details:

- f. If you have an Atlas motor, home, boat and/or or health policy, please state the policy/registration numbers. If not, would you like us to quote for your other insurance requirements?

Declaration

IMPORTANT – DO NOT SIGN THIS DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. *If this form is being completed by someone else on Your behalf please ensure that the details submitted accurately reflect what You have said.*

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter 'Atlas'), you and any other person/s whom you propose to insure (hereinafter 'Others') accept the terms of this statement. You hereby warrant that you have presented this Declaration and the leaflet 'Information for Policyholders' to Others.

You confirm that you have read or have had read to you the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between you and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'Us', 'Our', 'We') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter 'Others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about you and Others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our business including:

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from Our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting Our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and Others may lodge a complaint with Us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

If you wish to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Signature _____

Date

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I confirm my understanding and acceptance of the above.

With your consent We would also like to use your details to occasionally provide you with information about Our special offers, competitions, events, products, services, news and tips. Please tick below how you would like to receive this information:

Email **Post** **Phone** **SMS**

Your choice will not affect any of the other services We provide to you. Per above you may contact Us at any time if you change your mind.



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Zebbug 148 Vjal Il-Helsien 21 462 000 zebbug@atlas.com.mt

Atlas Insurance PCC Limited is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business and is regulated by the Malta Financial Services Authority. The non-cellular assets of the company may be used to meet losses incurred by the cell in excess of their assets.

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Intermediary