

## Travel Insurance for 81+ years of age

- Security: Lloyd's Insurance Company
- Destination: Lourdes
- Travelling days: 6 days (14<sup>th</sup> July 2025 – 19<sup>th</sup> July 2025)
- Claims History of the past 5 years (refer to important note below) – NIL

- Level of Cover: **Reduced Benefits Cover (attached)** for persons over 81+ years of age

- Premium per person including duty

- 81-85years: €68.68pp
- 86-89years: €85.85pp
- 90+years: €103.02pp

The above rates include duty and 10% discount

- Persons aged 81 years and over are required to provide the Company with the Medical Health Questionnaire attached.
- The attached Proposal Form filled in and duly signed by the first insured person.



**Covering your world, the world over.**

Mediterranean Insurance Brokers (Malta) Ltd.  
Zentrum Business Centre, Level 2, Mdina Road, Qormi, QRM 9010, Malta  
T +356 234 33 234 E info@mib.com.mt  
mib.com.mt

# Travel Insurance



## Insurance Product Information Document

Company: Mediterranean Insurance Brokers (Malta) Ltd

Product: TravelWise Holiday Plan Insurance Policy

The following summary does not contain the full terms and conditions of the contract which can be found in your policy documentation.

### What is this type of insurance?

This is a Travel Insurance Policy which provides cover for you and any additional Insured Persons whilst you are abroad.



#### What is insured?

- ✓ Medical and Repatriation Expenses
- ✓ Hospital Inconvenience Benefit
- ✓ Emergency return to Malta
- ✓ Alteration of Itinerary
- ✓ Funeral Expenses
- ✓ Cancellation, Curtailment and 'Get You There' Expenses
- ✓ Travel Delay Inconvenience Benefit
- ✓ Baggage and Personal Effects
- ✓ Delayed Baggage
- ✓ Fraudulent Use of Lost Credit Cards
- ✓ Personal Accident
- ✓ Personal Public Liability
- ✓ Missed Departure
- ✓ Catastrophe – Alteration of Itinerary
- ✓ Transport Diversion
- ✓ Reasonable additional travel and accommodation expenses necessarily incurred by you in fulfilling your booked travel and accommodation commitments.



#### What is not insured?

- X Radioactive Contamination and Explosive Nuclear Assemblies Exclusion Clause
- X War and Civil War Exclusion Clause
- X Electronic Data Recognition Clause
- X Sanction Limitation Exclusion Clause
- X Various exclusions according to the Sections of the policy that have been purchased.



#### Are there any restrictions on cover?

- ! You must be a Maltese Resident.
- ! The first part of any claim made being the Excess as specified in each Section.
- ! Endorsements may apply to your policy. These will be shown in your policy documents.
- ! The policy cover cannot be issued for longer than 184 days.
- ! We will not pay, other than our rateable proportion of any loss, if any loss, damage or liability covered under this insurance is also covered wholly or in part under any other insurance except in respect of any excess beyond the amount which would have been covered under such other insurance had this insurance not been effected.



#### Where am I covered?

- ✓ Insurance cover must commence and end in Malta and will be operative in the Area that you have chosen which is noted in the Policy Schedule.



#### What are my obligations?

- You must take all practicable steps to prevent loss, damage or accidents and keep yourself and personal property safe.
- You must tell us as soon as practicably possible of any change in the information you have provided to us which happens before or during any period of insurance. You should amend your Sums Insured upwards or downwards according to what is happening within your household.
- You must as soon as practicably possible forward to us, if a claim or liability is made against you, any letter, claim, writ, summons or other legal document you may receive.
- You must not admit liability or offer or agree to settle any claim without our written permission.
- You must inform the police as soon as practicably possible following malicious acts, violent disorder, riot or civil commotion, theft, attempted theft or lost property;
- You must notify us as soon as practicably possible giving full details of what happened and you must provide us with written details of what has happened and provide any other information we may reasonably require



### **When and how do I pay?**

The premium is payable upon confirmation of the contract. It may be paid by cash, cheque, credit or debit card or by internet banking.



### **When does the cover start and end?**

Insurance cover commences immediately upon confirmation of the insurance cover and the date the Schedule is issued insofar as the Cancellation and Curtailment Section is concerned and then from the time you leave your home for the outward journey. The cover ends upon your return to your home in Malta.



### **How do I cancel the contract?**

Since the insurance contract commences from the date the Schedule is issued for the purposes of the Cancellation and Curtailment Section, the policy cannot be cancelled due to the nature of it being a Packaged Policy.

# TravelWISE Holiday Plan Insurance Proposal Form

Period of Insurance from \_\_\_\_\_ for \_\_\_\_\_ days. The maximum period of cover is 184 days and cover for trip cancellation and disruption commences from the date of this Schedule below.

The Insured Person	Date of Birth	ID Card No.	Cover Type*

\*Cover Type: S = Silver, G = Gold, P = Platinum, R = Reduced Benefits

Contact Details – Tel: \_\_\_\_\_

Address of First Insured Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Winter Sports Cover Option	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
----------------------------	-----	--------------------------	----	--------------------------

Countries to be visited	
-------------------------	--

Area 1 – Europe (including Russia west of the Ural Mountains, countries bordering the Mediterranean, the Azores, Canary Islands, Madeira and Iceland.	Area 2 – Worldwide (excluding USA & Canada)	Area 3 – Worldwide

Premium	Document Duty	Policy Fee	Total Premium
€	€	€	€

## Important Notes

Please read carefully to ensure you understand these notes PRIOR to your signing this Proposal.

This insurance is issued by Mediterranean Insurance Brokers (Malta) Ltd. and acting as a Coverholder for Lloyd's Insurance Company S.A. as registered with the Malta Financial Services Authority.

## Health Warranty

Claims under Section 5 (Personal Accident), Section 2 (Trip Cancellation & Disruption) and Section 1 (Medical, Hospital, Repatriation & Other Expenses) are subject to the express warranty that any Insured or person with whom the Insured has arranged to travel or stay was not;

- a) receiving or awaiting medical or surgical treatment at the time of making the relative holiday or business trip deposit or full payment whichever occurs first, or
- b) suffering from a serious or chronic illness and/or injury which has required consultation or treatment within the past 12 months.

## Data Protection Notice

I consent to the processing of any information by Mediterranean Insurance Brokers (Malta) Ltd. (the Company) supplied by myself which constitutes personal data as long as this processing relates to administering my personal data as long as this processing relates to administering my insurance proposal and policy underwriting, handling and settling of claims, detection of fraud. I understand that for these purposes the Company may exchange some or all of the information with other insurance companies. I authorise the Company to keep me informed of their products and services by mail, fax or email or other electronic means. I understand that I may inform

them in writing if I do not wish to receive this information. I also understand that I have the right to request access to and rectification of my personal data held by the Company by directing my request in writing to Mediterranean Insurance Brokers (Malta) Ltd., Zentrum Business Centre, Level 2, Mdina Road, Qormi, QRM 9010, Malta

## Declaration

I/we have read the above statements. I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

## United Against Fraud

We have joined forces with other underwriters to combat the ever increasing problem of insurance fraud. Our policy is to prevent fraud rather than penalize honest policyholders later with stricter terms and increased premium rates. To this end we reserve the right to share with other market associations any information including proposal and claims information you disclose to us.

Details shared are however limited to the strict minimum and to what is absolutely necessary for this purpose and we are strictly bound to ensure your confidentiality and hence will always regard your file as being a document under the Professional Secrecy Act 1994.

Date		Signature of first Insured		Intermediary	
------	--	----------------------------	--	--------------	--

# Travel Insurance – Health Questionnaire & Medical History Authorisation

## PART I – To be Completed by Medical Doctor

Name & Surname of Proposer: \_\_\_\_\_

ID Card No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This is to confirm that the above person has been under my care for \_\_\_\_\_ years.

I also confirm that the above person [does not suffer / suffers from] the following conditions;

---

---

---

---

This person [is not under any medication / is under the following medication];

---

---

---

Consequently, I consider the this person is;      Fit to travel       Not fit to travel

Signature and stamp of Doctor \_\_\_\_\_ Date: \_\_\_\_\_

## PART II – To be Completed by the Proposer

I, \_\_\_\_\_ holder of I.D. Card Number \_\_\_\_\_ do hereby authorise any representative of Lloyd's Insurance Company S.A. through Mediterranean Insurance Brokers (Malta) Ltd to view any hospital records and make all necessary investigations and enquiries regarding any medical condition **ONLY in the event of a claim being lodged under my travel insurance policy.**

I have no objections that these representatives have access to any medical information that may enable them to consider my claim.

Signature and Proposer \_\_\_\_\_ Date: \_\_\_\_\_



**Covering your world, the world over.**

Mediterranean Insurance Brokers (Malta) Ltd.  
Zentrum Business Centre, Level 2, Mdina Road, Qormi, QRM 9010, Malta  
T +356 234 33 234 E info@mib.com.mt  
mib.com.mt