

ALTIUS INSURANCE LTD
 CORNER KENNEDY AVENUE & STASINOU STR.
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YACHT CLAIM FORM

Each of these questions must be answered completely.
 Please use capital letters and do not leave blanks or answer a question with a dash.

FOR INTERNAL USE ONLY		
Claim Number	Policy Number	Type of Policy
Agent's Code	Expiry Date	Deductible

1. INSURED'S DETAILS	
Name of Insured	Identity Card Number
Company Registration Number	Company VAT Number
Home Address	Home Telephone Number
Business Address	Business Telephone Number
Occupation	Mobile Telephone Number
E-mail address	Fax Number

2. DETAILS RELATED TO THE POLICY	
Policy Number	Expiry Date
Has the premium been paid?	Receipt Number
Does any other insurance policy provide cover for the incident? If yes, please provide details	

3. DESCRIPTION CONCERNING THE CLAIM EVENT
<input type="checkbox"/> Collision with <input type="checkbox"/> Lightning <input type="checkbox"/> Mast Breakage <input type="checkbox"/> Theft <input type="checkbox"/> Fire Explosion <input type="checkbox"/> Sink <input type="checkbox"/> Other

Place of Damage (Place/Country)	Latitude..... Longitude		
Date and time of Accident:		Weather:	
Wind force and Direction:			
State of the Sea:			
Visibility:			
Skipper at the time of the claim event:		License (Type/No.):	
E-mail address		Telephone No.	
Was the vessel chartered at the time of the claim event?			
Yes, Bareboat-Charter <input type="checkbox"/> Yes, Skipper-Charter <input type="checkbox"/> No <input type="checkbox"/>			

Estimated Repair Cost: €..... (Please include Estimate of Costs/Price List)
Where can the vessel be inspected by an expert?
Was any other vessel involved in the accident? If yes, please give type and name of the other vessel, and if possible, the license / characteristics.
Owner (Name/Address/Tel./E-mail):.....
Skipper (Name/Address/Tel./E-mail):.....
Damages occurred to the other vessel:
Where is the other vessel insured? (Name of Insurance Company / Policy No.)

4. INDEPENDENT EYEWITNESSES' DETAILS

Give full name and telephone number of independent witnesses

	Full Name	Telephone
1.		
2.		

5. DECLARATION

I hereby declare that the information provided by me in the context of this form is truthful, exact and complete.

At the requisition of compensation stage, I declare to provide to the Company data that may be used as proof necessary for the evaluation completed by Professionals working with the Company, subject to the provisions of the General Data Protection Regulation EU 2016/679 (the «GDPR»), as amended, only of what data is completely relevant and necessary for the purpose of examining a claim in the event that the Company considers that this is absolutely necessary so as to decide whether or not to pay compensation under the terms of my insurance policy and/or so as to determine the amount of the indemnity.

Therefore, I acknowledge the Company's right considering that it ensures that the professionals to whom it discloses the data are acting in accordance with the GDPR and shares my personal data to third parties to the extent required for the performance of a contract, due to legal obligations and legitimate interest.

I further authorise the Police Authorities, the Fire Service, the Department of Electromechanical Services and the Insurance companies, to provide complete information in relation to the present claim if requested by the Company.

This form has been completed by me and/or following my instructions and I have checked it.

Insured's Signature:

Date:

Note: The completion or acceptance of this Form does not imply admission of liability by the ALTIUS INSURANCE LTD.

6. CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

PURPOSE OF COLLECTION AND PROCESSING

ALTIUS INSURANCE LTD (the «Company»), its intermediaries and associates, within the context of the provision of insurance services (including, inter alia, the examination of the Proposal for the provision of insurance services, the pricing and collection of premiums, the assessment of a claim for the payment of compensation) intends to collect and process personal data that concern you or concern minors on whose behalf you provide their consent as their guardian. In certain occasions the data will be transferred to third countries which do not offer an adequate level of data protection. The Company takes all necessary measures in order to ensure an adequate level of data protection. It is necessary that we collect and process such data so that we can provide you with insurance services.

COMPANY'S POLICY FOR THE PROCESSING OF PERSONAL DATA

When the Company collects and processes personal data, it ensures that this is carried out lawfully and that all necessary measures are taken so as to ensure their safety. Company's Policy for the Processing of Personal Data, which you may find on <https://www.altiusinsurance.net>, contains further information on the processing of personal data that is carried out; please read it carefully.

CATEGORIES OF PERSONAL DATA

For the provision of insurance services, we collect and process the following main categories of Personal Data:

- Personal data and identification data,
- Bank account information,
- Information concerning your health status,
- Information obtained through the use of our website,
- Information concerning your assets,
- Information you provide during a phone call with the Company,
- Information on whether you are subject to previous convictions regarding the use of your motor vehicle, or whether legal proceedings are pending against you,
- Insurance history.

WITHDRAWAL OF CONSENT

In case you wish to withdraw your consent to the processing of your personal data, please let us know in writing by sending a letter at the address 'Corner Kennedy Avenue & Stasinou Street P.O.Box 26516 1640 Nicosia' or to the email address dpo@altiusinsurance.com.cy. Please note that if you withdraw your consent, we may not be able to provide our insurance services to you.

CONSENT DECLARATION

I have read the contents of this form which has been provided to me by Company and I consent to the collection and processing of the personal data described above for the purpose of providing insurance services.

Insured's Signature:

Date: