

## TRAVEL INSURANCE QUOTE

QUOTE #326644 CREATED: 20/03/2025



### SCHENGEN TRAVELER - SINGLE TRIP

<b>Insurance Company</b>	Ypera Insurance Co. Ltd	<b>Premium</b> <b>€23.00</b>
<b>Insurance Period</b>	29/04/2025 to 09/05/2025	
<b>Where are you travelling from?</b>	Cyprus	
<b>Where are you travelling to?</b>	Italy including all Schengen Countries	
<b>Travellers:</b> 1 Person	MIRONOV PAVEL (765164196) 36 years old.	
<b>Main Traveler / Policy Holder</b>	MIRONOV PAVEL (765164196) pavel-mironov@outlook.com   +357 97832495	

### SCHENGEN TRAVELER

<b>24 Hrs./7 days</b>	<b>Swan int. Assistance</b>
<b>USA / Canada:</b>	<b>+1 514 448 4417</b>
<b>Europe:</b>	<b>+33 9 75 18 52 99</b>
<b>International:</b>	<b>+961 9 211 662</b>
<b>Email:</b>	<b>request@swanassistance.com</b>

		<b>LIMITS</b>	<b>EXCESS</b>
1	MEDICAL, HOSPITALIZATION, PHARMACEUTICAL EXPENSES, AND SURGICAL EXPENSES ABROAD, DUE TO ACCIDENT / SUDDEN ILLNESS.	€30,000	€100 (Up to 70 years old) €250 (71 to 75 years old) €500 (76+ years old)
2	Emergency Medical, Hospitalization, and Surgical expenses only, due to COVID-19	€30,000	€200
3	TRANSPORT TO A PROPERLY EQUIPPED MEDICAL FACILITY/ REPATRIATION IN CASE OF ACCIDENT / SUDDEN ILLNESS (MEDICAL EVACUATION & REPATRIATION).	Up to Actual Cost Included Under Medical Expense	-
4	REPATRIATION OF MORTAL REMAINS TO THE COUNTRY OF RESIDENCE.	Up to €30,000	-
5	TRAVEL ASSISTANCE SERVICES.	Covered 24/7	-
6	DELIVERY OF MEDICINES OR DISPATCHED OF A SPECIALIZED PHYSICIAN ABROAD.	Assistance Only	-
7	MEDICAL REFERRAL/APPOINTMENT OF LOCAL MEDICAL SPECIALIST ABROAD.	Assistance Only	-
8	CONNECTION SERVICES.	Assistance Only	-
9	RELAY OF URGENT MESSAGES.	Assistance Only	-

STATEMENT OF CONSENT REGARDING THE PROCESSING OF PERSONAL DATA AND THE PROCESSING OF SPECIAL CATEGORIES OF PERSONAL DATA.

I hereby declare that:

1. I have been informed verbally and or via the corporate website of the Company and the Insurance Intermediary regarding:

- The processing of personal data and the special categories of personal data conducted by the Company and the Intermediary.
- My rights as the data subject.

2. I acknowledge that processing my personal data (including special categories) is mandatory for the execution of the Insurance contract that I have requested and that my potential future revocation of my consent shall result in cancellation of the Insurance contract with immediate effect.

3. I expressly provide my consent to the Company and to the Intermediary to process my personal data including special categories of personal data where applicable.

Declaration

I declare that the answers and information which have been given in this Insurance Proposal are correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this proposal as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy, which may be issued to me by the Company. I further agree that I shall accept to be indemnified based on the Terms and Conditions of the Policy.

On the basis of the information provided to the Company and or Intermediary, I confirm that the information I have received about the insurance product has been presented to me in a comprehensive form and I am able to make an informed decision.

I have studied and fully comprehended all the information and Policy Wording which was made available to me and I declare that the proposed insurance product and relevant Quotation cover my requirements and needs and with my electronic signature I Accept the Quotation.

I understand that cover does not commence upon completion of the proposal but only after the Company has studied the proposal and accepted the risk.

This quote is valid for 48 hours and is subject to the approval of the insurer. Should you have any questions or need further assistance, please feel free to contact us.