



New Insurance Alteration Policy

Branch _____

Employee _____

Intermediary 207074605 Banco Comercial Português S.A.

INSURANCE POLICYHOLDER

Name:		
Address:		Postal Code: -
		City/Town:
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
ID/Citizen Card:	Taxpayer Number:	Occupation:
Telephone (home):	Telephone (work):	Mobile:
CAE:	Activity	E-mail:
Capacity of the policyholder:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Usufructuary	<input type="checkbox"/> Acquirer with reservation of ownership

INSURED PERSON

Name:		
Address:		Postal Code: -
		City/Town:
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
ID/Citizen Card:	Taxpayer Number:	Occupation:
Telephone (home):	Telephone (work):	Mobile:
E-mail:		
Capacity of the policyholder:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Usufructuary	<input type="checkbox"/> Acquirer with reservation of ownership

Insurance Policyholder/ Insured Person: _____

USUAL DRIVER

Name:

Address:

Postal Code: -

City/Town:

Date of Birth: Gender: M F

Marital Status:

ID/Citizen Card:

Taxpayer Number:

Occupation:

Driving License Number:

Issue Date:
Number of Years without Claims:
Number of Claims in the Last 5
years:

E-mail:

INSURED VEHICLE

Type of Vehicle:

Category:

Construction Year:

License Plate:

Brand:

Model:

Fuel:

Version:

Engine Capacity (cc):

Gross Weight (Kg):

Value of the Vehicle (€):

Value of Extras (€):

Description of Extras (mention and value per unit):

Capital to be insured for Own Damage (€):

Does the Vehicle have a trailer? Yes No Brand:

Model:

Construction Year: Weight:

License Plate:

Is the vehicle that is intended to be insured in good condition and without visible damage? Yes No

If no, specify:

Insurance Policyholder/ Insured Person: _____

ENTITY WITH INTEREST IN THE POLICY

Name: _____

START DATE, TYPE OF CONTRACT AND PAYMENT OF PREMIUMS

Start Date: End Date:

(Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalments due.)

Type of Contract: Year and Following Temporary

Premium Payment Frequency: Monthly Quarterly Six-monthly Annual Single
 the 1st premium receipt is increased by the cost of the policy of €5.55 and Green Card of €1.30 (these values already include legal charges)

COVERAGE, SUM INSURED AND DEDUCTIBLES

		Light, Mixed and Multi-Purpose Vehicles			2 Wheels		All other Vehicles
Coverage		<input type="checkbox"/> MÓBIS MINI	<input type="checkbox"/> MÓBIS EXTRA	<input type="checkbox"/> MÓBIS TOP	<input type="checkbox"/> MÓBIS EXTRA	<input type="checkbox"/> MÓBIS TOP	<input type="checkbox"/> MÓBIS TOP
Third party liability (select the desired option)	<input checked="" type="checkbox"/>	€7,750,000	€7,750,000	€7,750,000	€7,750,000	€7,750,000	€7,750,000
	<input checked="" type="checkbox"/>	-	€50,000,000	€50,000,000	€50,000,000	€50,000,000	€50,000,000
Travel Assistance (select the desired option) See Special Condition	<input checked="" type="checkbox"/>	Base <input checked="" type="checkbox"/>	Base <input type="checkbox"/>	Base <input type="checkbox"/>	Base <input type="checkbox"/>	Base <input type="checkbox"/>	-
	<input type="checkbox"/>	-	Total <input type="checkbox"/>	Total <input type="checkbox"/>	Total <input type="checkbox"/>	Total <input type="checkbox"/>	-
Legal Protection		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
Vehicle Occupants (Death or Permanent total disability/Temporary Illness) (select the desired option)	Option 1	€10,000/ €1,000 <input type="checkbox"/>	€10,000/ €1,000 <input type="checkbox"/>	€10,000/ €1,000 <input type="checkbox"/>	-	-	-
	Option 2	€15,000/ €1,500 <input type="checkbox"/>	€15,000/ €1,500 <input type="checkbox"/>	€15,000/ €1,500 <input type="checkbox"/>	-	-	€15,000/ €1,500 <input type="checkbox"/>
	Option 3	€25,000/ €2,500 <input type="checkbox"/>	€25,000/ €2,500 <input type="checkbox"/>	€25,000/ €2,500 <input type="checkbox"/>	-	-	€25,000/ €2,500 <input type="checkbox"/>
Isolated Breakage of Glass (select the desired option)	Option 1	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	-	<input type="checkbox"/>
	Option 2	-	€750 <input type="checkbox"/>	€750 <input type="checkbox"/>	-	-	-
	Option 3	-	€1,000 <input type="checkbox"/>	€1,000 <input type="checkbox"/>	-	-	€1,500 <input type="checkbox"/>
	Option 4	-	€1,500 <input type="checkbox"/>	€1,500 <input type="checkbox"/>	-	-	€2,500 <input type="checkbox"/>
			€2,500 <input type="checkbox"/>	€2,500 <input type="checkbox"/>			

Insurance Policyholder/ Insured Person: _____

COVERAGE, SUM INSURED AND DEDUCTIBLES							
Baggage		-	-	€500 <input type="checkbox"/>	-	-	-
Crash, Collision or Roll-Over (select the desired option)	Recommended Network of Workshops	-	-	<input checked="" type="checkbox"/> Market Value <input type="checkbox"/>	-	<input checked="" type="checkbox"/> -	<input type="checkbox"/> -
	Total			Market Value <input type="checkbox"/>		Market Value <input type="checkbox"/>	Market Value <input type="checkbox"/>
Fire, Lightning Strike or Explosion		-	Market Value <input type="checkbox"/>	Market Value <input checked="" type="checkbox"/>	-	Market Value <input type="checkbox"/>	Market Value <input type="checkbox"/>
Theft or Robbery		-	Market Value <input type="checkbox"/>	Market Value <input checked="" type="checkbox"/>	-	Market Value <input type="checkbox"/>	Market Value <input type="checkbox"/>
Natural Phenomena		-	Market Value <input type="checkbox"/>	Market Value <input type="checkbox"/>	-	-	Market Value <input type="checkbox"/>
Acts of Vandalism		-	-	Market Value <input type="checkbox"/>	-	-	Market Value <input type="checkbox"/>
Replacement Vehicle - Accident (Max. 30 days/year)		-	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Replacement Vehicle - Breakdown (Max. 5 days incident/10 days a year)		-	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Electrical Vehicles Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Pack Relax		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Pack Vintage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Pack Prestige		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-

Key:

- Coverage Included

- Optional Coverage

Insurance Policyholder/ Insured Person: _____

DEDUCTIBLES

LIGHT, MIXED AND MULTI-PURPOSE VEHICLES	2 WHEELS	ALL OTHER VEHICLES
Isolated Breakage of Glass <input type="checkbox"/> No deductible <input type="checkbox"/> €25 <input type="checkbox"/> € 50 <input type="checkbox"/> €75	Isolated Breakage of Glass -	Isolated Breakage of Glass -
Crash, Collision and Roll-Over <input type="checkbox"/> No deductible <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 8% <input type="checkbox"/> 12% <input type="checkbox"/> 20%	Crash, Collision and Roll-Over <input checked="" type="checkbox"/> 20%	Crash, Collision and Roll-Over <input type="checkbox"/> No deductible <input type="checkbox"/> 2% <input type="checkbox"/> 4% <input type="checkbox"/> 8% <input type="checkbox"/> 12% <input type="checkbox"/> 20%
Fire, Lightning Strike, Explosion <input checked="" type="checkbox"/> 2%	Fire, Lightning Strike, Explosion <input checked="" type="checkbox"/> 20%	Fire, Lightning Strike, Explosion <input checked="" type="checkbox"/> 2%
Theft or Robbery <input checked="" type="checkbox"/> No deductible	Theft or Robbery <input checked="" type="checkbox"/> 20%	Theft or Robbery <input checked="" type="checkbox"/> No deductible
Natural Phenomena <input checked="" type="checkbox"/> 2%	-	Natural Phenomena <input checked="" type="checkbox"/> 2%
Acts of Vandalism <input checked="" type="checkbox"/> 2%	-	Acts of Vandalism <input checked="" type="checkbox"/> 2%
Baggage <input checked="" type="checkbox"/> 20% of damage, Min. 50€	-	Deprivation of Use <input type="checkbox"/> No deductible <input type="checkbox"/> 2 Days per Incident

Insurance Policyholder/ Insured Person: _____

MISCELLANEOUS CERTIFICATIONSOwnership Registration Document / Purchase and Yes NoVehicle credentials or document with the technical features of vehicles Yes No**OCCUPANTS OF VEHICLES - Beneficiaries**

Of the Insured Person

Of the other occupants

Legitimate heir(s) of the victim(s)

OBSERVATIONS

Insurance Policyholder/ Insured Person: _____

AUTHORISATION FOR PREMIUM PAYMENT (DIRECT DEBIT/BANK TRANSFER)

Account Holder:

I authorise the Bank to pay to Ageas Portugal – Companhia de Seguros S.A. (brand Ocidental) the premium relating to the Insurance subscribed through this Insurance Proposal and for the agreed period, by direct debit pursuant to the authorisation or, if the payment of the initial premium or the first instalment thereof is not compatible with that payment service considering the insurance start date and the Bank mentioned below is, at the same time, the Insurance Intermediary of this Insurance, by credit transfer to the account held by Ageas Portugal – Companhia de Seguros S.A. (brand Ocidental), with IBAN PT5000330000000070606405, by debit to my account mentioned below.

Bank _____

Account number — IBAN BIC SWIFT Payment type: Recurring payment or One-off payment

By subscribing this authorisation, you are authorising (i) Ageas Portugal – Companhia de Seguros S.A. (brand Ocidental) to send instructions to your Bank to debit your account and (ii) your Bank to debit your account in accordance with Ageas Portugal – Companhia de Seguros S.A. (brand Ocidental)'s instructions.

Your rights, regarding the authorisation above, are explained in a statement you can obtain from your Bank and include the possibility of requesting the refund of the debited amount from your Bank, under the terms and conditions agreed upon with your Bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. We alert, however, that the fact that your Bank satisfies the refund request does not waive the obligation to pay the premium in question, nor any eventual liabilities arising from the consequent Insurance contract breach.

In the event of payment of any amounts arising from this insurance contract, the credit shall be made to the same account, unless expressly instructed otherwise.

In case of subscription on joint or mixed accounts, the joint holders have to explicitly agree on the subscription terms and this payment order should be signed in accordance with the current account's operation conditions.

Place and Date: _____, _____

Account Holder(s) signature: _____

(According to the Subscription Form, or Identification Document, and in accordance with the current account's operation conditions)

Insurance Policyholder/ Insured Person: _____

For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. If applicable, the current contract can be granted with the electronic signature, under the terms of the accession convention for the electronic signature that is previously registered.
3. The risk that is intended to be insured against was not covered, totally or partially, by any contract relative to which there is a premium, instalment of a premium or other amount in debt.
4. Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Insurance Policyholder.
5. I(we) also authorise the Insurer to collect personal data relative to health from medical advisory boards or other health professionals and public or private bodies such as hospitals, clinics, offices, health centres, institutes of legal medicine, even after death, with a view to confirming or supplementing the information provided herein or after subscription of the present insurance, for the purposes of assessment of the risk of subscription of the insurance or management of the subsequent contractual relationship, namely for the effect of determining the origin, cause and evolution of any illness or accident that may give rise to death or disability, and which are essential for this authorisation to enable conclusion of the present insurance contract.

The Proposer/Insurance Policyholder and Insured Persons(s) is(are) also aware that:

6. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
7. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ageas Portugal - Companhia de Seguros S.A. and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. As well as for Ageas – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract. The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.
8. Complaints arising from the contract can be submitted in writing to the complaints management department of the Insurer, Non-Life Customer Support (namely through the email: apoioaocliente@ocidental.pt), in the Complaints Book, to the Customer Ombudsman by email -

Insurance Policyholder/ Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

provedor.ocidental@mm-advogados.com and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre - www.cimpas.pt - or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.ocidental.pt.

9. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: centroatencaocliente@millenniumbcp.pt or through the Contact Center by phones 91 827 24 24 / 93 522 24 24 / 96 599 24 24 (cost of a call to the national mobile network) and (+ 351) 21 005 24 24 (cost of a call to the national fixed network). 24-hour personalized service. The cost of communications depends on the tariff agreed with your operator. You can also contact the Customer's Ombudsman, located at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto via e-mail provedoria.cliente@millenniumbcp.pt. Millennium bcp's Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental, Hereinafter referred to as "Ocidental") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Ocidental processes the following categories of data: identification and contact data, health data; financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Ocidental may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) considering the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Ocidental could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

In these cases, Ocidental will implement the necessary and appropriate measures considering the applicable law to ensure the protection of the personal data being transferred. Ocidental keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing (with the exception of data strictly necessary for the provision of the service) through written request addressed to Ocidental to the email apoiocliente@ocidental.pt or postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa. If you wish to contact the Data Protection Officer (DPO), please do so via the email dpo@ocidental.pt. Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a complaint to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Ocidental. Ocidental may process personal data in order to assess the level of risk associated to the insurance subscription based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Ocidental undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data Subjects, namely the right to obtain human intervention by Ocidental, express their point of view and contest the decision in question.

Insurance Policyholder/ Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

With the Data Subject's consent (if a natural person), Ocidental will use the collected data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ageas Portugal-Companhia de Seguros, S.A. (brand Ocidental), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing They may also contact the DPO of the Ageas Portugal Group through the email dpo@ageas.pt. You can also manage the consents that have provided through your Reserved Area. If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s).

Insurance Policyholder/ Insured Person: _____

Proposer/Insurance Policyholder and the Insured Person

I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms previously referred.

I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms previously referred and described in more detail in the various Privacy Policies available on their websites.

Place and Date: _____

The Proposer(s)/Insurance
Policyholder(s): _____

The 1st Insured Person: _____

The Branch: _____

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.

Insurance Intermediary: Banco Comercial Português, S.A., with head-office at Praça D. João I, 28, in Porto, with share capital of Euros 3,000,000,000.00, registered at the Board of Trade of Porto, under taxpayer number 501525882. Insurance Agent registered under no. 419527602, with the Insurance and Pension Funds Supervisory Authority - Registration Date: 21/01/2019. Authorization for life and non-life insurance brokerage. Information and other details of the registration can be verified at www.asf.com.pt. The Broker is not authorized to sign insurance contracts on behalf of the Insurer nor to receive insurance premiums that should be delivered to the Insurer. The Broker does not assume the coverage of the risks related to the insurance contract, which are fully undertaken by the Insurer.

OCIDENTAL
grupo ageas

Insurer: Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, www.asf.com.pt

Insurance Policyholder/ Insured Person: _____