



ALL QUESTIONS MUST BE FULLY ANSWERED

1. APPLICANT/S DETAILS (PLEASE USE CAPITAL LETTERS)

Title	Name & Surname of Proposer/Company name	Policy no.
I.D. card no.	Date of birth	
Company reg. no.	Nationality	
Passport no.	date of issue	place of issue
Contact no.	E-mail address	
Postal address		
Business or occupation		

2. VEHICLE DETAILS

1. Registration number	
2. Does the vehicle have a foreign number plate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", please give details	
3. Make and model	
4. Year of manufacture	5. Year of purchase
6. Purchase price	7. Estimate of current market value
8. Engine number	
9. Chassis number	
10. Engine capacity	11. Tonnage
12. CO ₂ emissions	13. BHP
14. Fuel type	15. Type of body
16. Gearbox type	17. Number of doors
18. Seating capacity	19. Colour
20. Is the vehicle an import?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is your vehicle kept in a good state of repair, and so maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is your vehicle equipped with lifting equipment or apparatus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your vehicle have a soft top?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you the registered owner of this vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO", please provide owner details	
25. Is the vehicle subject to a hire purchase agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", please give details	

26. Have any changes been made to the vehicle to be adapted for specific needs? Yes No

If "YES", please give details

3. CLASS

Private vehicle

Commercial vehicle

Classic car

Motor cycle

Quad bike

Classic motor cycle

Other - please give details

4. USE OF MOTOR VEHICLE

1. The vehicle will be used:

(a) solely for social, domestic, and pleasure purposes? Yes No

(b) your own or your employer's business? Yes No

(c) hire or reward? Yes No

If "YES", please give details

(d) public transport? Yes No

If "YES", please give details

(e) the carriage of your own or other person's goods? Yes No

If "YES", please describe the nature of goods carried

Will you be carrying goods of an explosive, inflammable, or dangerous nature? Yes No

(f) international freight forwarding? Yes No

If "YES", please specify geographical area

(g) driving tuition? Yes No

(h) competitions, rallies, trials or off-roading? Yes No

(i) airside restricted area? Yes No

5. DRIVERS

1. The vehicle will be driven by:

(a) you or one named driver Yes No

(b) you and one named driver Yes No

(c) anyone aged 25 years and over Yes No

(d) named driver aged 21 years and over Yes No

(e) named driver aged 18 years and over Yes No

(f) anyone aged 18 years and over for commercial vehicles not exceeding 5 tonnes Yes No

(g) named drivers Yes No

2. Details of named drivers

(i) Title	Name & Surname	
Date of birth	I.D. card no.	Occupation
Extent of use	<input type="checkbox"/> Main driver	<input type="checkbox"/> Regular driver <input type="checkbox"/> Occasional driver
(ii) Title	Name & Surname	
Date of birth	I.D. card no.	Occupation
Extent of use	<input type="checkbox"/> Main driver	<input type="checkbox"/> Regular driver <input type="checkbox"/> Occasional driver
(iii) Title	Name & Surname	
Date of birth	I.D. card no.	Occupation

Extent of use <input type="checkbox"/> Main driver <input type="checkbox"/> Regular driver <input type="checkbox"/> Occasional driver		
(iv) Title	Name & Surname	
Date of birth	I.D. card no.	Occupation
Extent of use <input type="checkbox"/> Main driver <input type="checkbox"/> Regular driver <input type="checkbox"/> Occasional driver		
3. Do/Have you or any authorised driver:		
(a) suffer from defective vision or hearing or from any physical or mental infirmity or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please give details		
(b) ever been convicted during the past 5 years of any offence in connection with a motor vehicle or otherwise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please give details		
(c) ever had any accidents, losses or damages whether insured or not, occurred during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please give details		
(d) ever had their licence suspended, revoked or had any restrictions imposed or are presently disqualified from driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) obtained a valid driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) have less than two years driving experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. INSURANCE HISTORY

1. Have you been or currently are you now insured in respect of any motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please specify details of your previous insurer and the vehicle's registration number		
2. Has any Insurer ever:		
(a) declined your insurance proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) required you to bear the first part of any loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) required an increased premium or imposed special conditions to your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) cancelled or refused to renew your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have any other policies with Mapfre Middlesea p.l.c.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please give details		
4. Are you currently entitled to any No Claims Discount which you would like to transfer to this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please provide us with the last renewal notice you have received from your current insurers or otherwise state:		
Name of your previous insurer	Policy number	
Expiry or cancellation date of policy	Number of years free of claims	

7. COVER REQUIRED

1. Please tick the cover required <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Comprehensive	
(a) if a Comprehensive policy is required do you wish to:	
i. increase the first amount of each and every claim for loss or damage to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", please ask for alternative quotations with a higher excess.	

ii. If you do not enjoy full No Claims Discount do you opt for

Protected No Claims Discount (applicable to Private Vehicles only)?

Yes

No

iii. opt for Earthquake cover?

Yes

No

(b) If a commercial Third Party Only or Third Party Fire & Theft policy is required, do you wish to upgrade the Road Side Assistance cover to FULL?

Yes

No

8. IMPORTANT

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

APPLICABLE LAW

Unless both you and we agree otherwise this contract shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We do not look at complaints as unwanted. In fact, they may help us to see where our services or procedures may be improved. So do let us know when you feel we have made a mistake or done something which you find unsatisfactory. Even if you do not think your particular concern amounts to a complaint we would still like to know about it. You will help us improve our service further.

HOW TO COMPLAIN

WE WILL DEAL WITH YOUR COMPLAINT.

If you are still unhappy the next step is to put your complaint in writing, addressing it to our Complaints Officer, setting out the details, explaining what you think went wrong and what you feel would put things right. If you are not happy about writing a letter you can always ask a member of staff to take notes of your complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with. Once our Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. Your complaint will be acknowledged in writing within five days of receiving it and the letter will say when you can expect a full response. This should normally be within three weeks unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and tell you when we expect to provide you with a full response.

STEP 1 – CONTACTING US

The first step is to talk to a member of our staff or of the intermediary if your Proposal was arranged through one. This can be done informally either directly or by telephone. Usually the best staff member to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then ask for the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of your concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING YOUR COMPLAINT FURTHER

If you are still unhappy the next step is to put your complaint in writing, addressing it to our Complaints Officer, setting out the details, explaining what you think went wrong and what you feel would put things right. If you are not happy about writing a letter you can always ask a member of staff to take notes of your complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with. Once our Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. Your complaint will be acknowledged in writing within five days of receiving it and the letter will say when you can expect a full response. This should normally be within three weeks unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and tell you when we expect to provide you with a full response.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact the Consumer Complaints Manager at the Malta Financial Services Authority on 8007 4924 or 2144 1155. Following these procedures will not affect your right to take legal action.

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person/s specified in this form [Others]) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorise (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read and understood the contents of this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and Mapfre Middlesea p.l.c. (us). I confirm that I have disclosed all **Material Facts** and accept your standard form of policy for this type of insurance. I am satisfied with the way the proposal has been completed. I confirm that if this form has been completed by one of your employees and/or authorised intermediary on my behalf such person shall, for that purpose be regarded as my agent and our agent. I agree to read the policy and be bound by the terms, conditions, limitations and exclusions of the said policy.

Period of insurance required

Signature of applicant

Date

Intermediary