

Motor Insurance Proposal Form

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
Gender	Marital Status	
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 equipped with lifting equipment or apparatus?		<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does your vehicle have a soft top?		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are you the registered owner of this vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO", please provide owner details		
24. Is the vehicle subject to a hire purchase agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", please give details		

25. 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

(j) food deliveries or any deliveries? Yes No

5. DRIVERS

1. The vehicle will be driven by:

(a) you, as the policyholder 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
If "YES", please give details		
(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
If "YES", please give details		
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

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 are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response.

HOW TO COMPLAIN

STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of the Company's personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually the best person to talk to will be the person who dealt with the matter the Insured is concerned about as they will be in the best position to help the Insured promptly and to put things right. If they are not available or the Insured would prefer to approach someone else then address the matter to the manager or senior person responsible. The Company will seek to resolve the problem immediately. If the Company cannot do this then the Company will take a record of the concern and arrange the best way and time for getting back to the Insured. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If the Insured is still unhappy the next step is to put the complaint in writing, addressing it to the Complaints Officer, setting out the details, explaining what the Insured thinks went wrong and what the Insured feels would put things right. If the Insured is not happy about writing a letter, the Insured can always ask a member of the Company to take notes of the complaint which the Insured will be then asked to sign. The Insured will be provided with a copy for their own reference. This record will be passed promptly to the Complaints Officer to deal with.

Once the Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. The complaint will be acknowledged in writing within five working days of receiving it and the letter will state when the Insured can expect a full response. This should normally be within fifteen working days unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case the Company will still let the Insured know what action is being taken and will inform the Insured when the Company expects to provide 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:

Office of the Arbiter for Financial Services

First Floor

St Calcedonius Square

Floriana FRN1530

Malta

Telephone: 8007 2366 or 21249245

E-mail: complaint.info@financialarbiter.org.mt

Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that you have a final reply to your complaint from us before approaching them.

DATA PROTECTION PERSONAL PROCESSING CLAUSE

The Proposer is hereby informed and expressly consents, by signing this document, to the processing of the data voluntarily provided in this document, as well as of any data which might be provided to MAPFRE Middlesea Plc or "The Company" directly or through an Insurance Intermediary, and those obtained by recording telephone conversations or as a result of browsing through Internet webpages or by other means, for the enforcement of the agreement or regarding a quotation, application, or the contracting of any service or product, even after the end of the pre-contractual or contractual relation, including, if applicable, any communication or international data transfer which might be made for the purposes specified in the Additional

Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through www.middlesea.com/insurance-mt/data-protection/

The Proposer consents in turn to the recording of any telephone conversations with the Company regarding the insurance agreement.

MAPFRE Middlesea Plc may view the Proposer's data in files regarding the fulfilment and non-fulfilment of monetary obligations.

Should the data provided pertain to physical persons other than the Proposer, the latter guarantees that he/she has obtained and has their prior consent for the communication of their data and has informed them, prior to their inclusion in this document, of the purposes of the data processing, communications, and other terms established herein and in the Additional Data Protection Information.

The Proposer declares that he/she is older than eighteen (18) years of age. Likewise, should the data provided belong to minors, as the minor's parent(s) or guardian(s), he/she expressly authorises the processing of the said data, including; if applicable, data pertaining to health, for the management of the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through www.middlesea.com/insurance-mt/data-protection/

The Proposer guarantees the accuracy and truthfulness of the personal data, including sensitive personal data provided, undertaking to keep them duly updated and to notify MAPFRE Middlesea Plc of any changes in them.

Basic data protection information

Controller:	MAPFRE Middlesea Plc
Purposes:	Management of the insurance agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with the MAPFRE Group, and delivery of information and advertising on MAPFRE Group products and services.
Standing:	Execution of the project.
Recipients:	Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.
Rights:	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection Information.
Additional Information:	You can view the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through www.middlesea.com/insurance-mt/data-protection/

Check this box if you object to the processing and communication of your personal data by MAPFRE Middlesea Plc for the delivery of information and advertising of the Company products and services, of the various MAPFRE Group companies, and of Third party companies with which any MAPFRE Group company has entered partnership agreements. If you do so, we will be unable to inform you of any discounts, gifts, promotions, and other benefits associated with the MAPFRE Group customer loyalty plans.

In any case, your consent to the treatment of your data for these purposes is revocable, and you may withdraw your consent or exercise any of the rights mentioned at any time as specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through www.middlesea.com/insurance-mt/data-protection/

PROFESSIONAL SECRECY

I consent on my behalf and on behalf of any other person specified in this form (others), that the Company or any other member of the Group may exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the purpose of administering my insurance proposal and policy, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics. 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 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 and intermediaries. In doing so we will ensure that this communication is carried out confidentially and within the terms of the Professional Secrecy Act, 1994

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 or have had read to me the contents of the completed proposal form and agree that all the statements I have made and information I have provided are correct and complete in every respect and will form the basis of the contract between me and MAPFRE Middlesea p.l.c [us] . I undertake to notify MAPFRE Middlesea p.l.c of any change in the information subsequent to the submitting of this proposal form. I am satisfied with the way the proposal form has been completed and if it has been completed

by an employee and / or authorised intermediary on my behalf such person, shall, for that purpose, be regarded as my / our agent. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, MAPFRE Middlesea p.l.c reserves the right to repudiate the claim or declare the policy void. I understand and agree that by signing this Declaration I will be bound by the statements and disclosures of material facts herein contained. I acknowledge that a material fact is one which is likely to influence MAPFRE Middlesea p.l.c in the best assessment and acceptance of the proposal form. If in doubt as to whether a fact is material then it should be disclosed. I hereby agree that I have read the policy and am bound by the terms, conditions, limitations and exclusions of the said policy.

Before signing this document, please read the basic data protection information given in the PERSONAL DATA PROCESSING clause. By signing this document, you consent to the processing of your personal data, including sensitive personal data in the terms and conditions stipulated in said clause.

Period of insurance required	
Signature of applicant	Date
Intermediary	

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MAPFRE Middlesea p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both Long Term and General Business under the Insurance Business Act, Cap 403 of the Laws of Malta. MAPFRE Middlesea p.l.c. is regulated by the MFSA.