

Motoring

Atlas**Motoring**
Proposal Form



Motor Cycles

- You OR the Named Person specified below aged 30 years or over
- You OR the Named Person specified below aged 25 years or over
- You OR the Named Person specified below aged 21 years or over
- You OR the Named Person specified below aged 18 years or over
- You and either your spouse OR any one Named Person specified below aged 30 years and over
- You and either your spouse OR any one Named Person specified below aged 25 to 29 years
- Other - please give details

Details of Main Drivers:

Full Name (delete self if you do not drive)	Date of Birth	ID Card No	Occupation	No of Years Driving Experience	Driving Licence Group	Driving Licence - Maltese/EU/ International/ Other-please specify
You (as above)	(as above)	(as above)	(as above)			

The questions below relate to you and any person driving your car

- a. Do you or any driver suffer from diabetes, epilepsy, heart condition or any other disease or infirmity (including uncorrected defective vision, a hearing impairment or mental defect) which could affect you/their ability to drive? Yes No
- b. Have you or any driver:
- i. ever been arrested, prosecuted, convicted of any offence or is any prosecution pending? Yes No
 - ii. have had your/their licence suspended, revoked or have been disqualified from driving? Yes No
 - iii. an appropriate and valid driving licence? Yes No
 - iv. incurred any driving penalties in the past 5 years? Yes No
 - v. had any loss, accident or claim during the last 5 years in connection with a motor vehicle? Yes No
 - vi. have had any type of insurance refused, cancelled or special conditions imposed by an Insurer? Yes No

If you have answered **YES** to any of questions (a) and/or (b), please complete below:

Name of driver	Age	Details (including previous insurers, claim amounts, reasons etc.)

About Your Motor Vehicle

1. Please indicate type of vehicle Private Car Commercial Vehicle Motor Cycle Other

2. Motor Vehicle Details

Reg No	Make	Full Model	Type of Body
Seating Capacity	Engine No	Chassis No	
Colour	c.c. / HP	BHP / Kw	CO2 (g/Km)
Tonnage	Vehicle Category	System No	Sunroof material (if cabrio)
Date of Purchase	Purchase Price €	Value for signwriting/wrapping (if applicable)	Your estimate of the market value (*) €
Year of Manufacture			

New <input type="checkbox"/>	Second Hand <input type="checkbox"/>	Fuel
Purchased from Malta <input type="checkbox"/>	Maltese Second hand <input type="checkbox"/>	Petrol <input type="checkbox"/>
Owner imported <input type="checkbox"/>	EU imported <input type="checkbox"/>	Diesel <input type="checkbox"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>

* Including accessories, spare parts and registration tax if the vehicle is tax free. This value is the maximum value payable under the policy (together with any additional value for signwriting/wrapping if specified). If the market value at the time of the loss is lower than this amount then such market value will be payable unless you can prove a higher value.

3. a. Is the vehicle in a good state of repair? Yes No

b. Has the vehicle been modified or converted from the maker's standard specification and/or does it have any "extras"? Yes No

If **YES** give details

4. If the vehicle is the subject of a Hire Purchase Agreement, state name and address of finance company

5. If the motor vehicle was purchase second hand, state from whom the vehicle was bought

6. If your vehicle is a motorcycle, is your motorcycle fitted with a factory-fitted ignition system? Yes No

If **NO** give details

7. Is the vehicle partially or fully exempt from Registration? Yes No

If **YES**, please specify which and the reason for such exemption:

(a) Special Needs Full Exemption Reason:

(b) Special Needs Partial Exemption Reason:

(c) Others - Full Exemption Reason:

Use of Your Motor vehicle

1. Will the vehicle be used solely for domestic and pleasure purposes and/or for your business, that of your spouse or that of your or your spouse's employer? Yes No

2. Will the vehicle be used in your business for carriage of goods? Yes No

If **YES**

(i) Will the vehicle be used solely to carry your own goods? Yes No

If **NO** please give details

(ii) What type of goods are carried?

(iii) Will the vehicle or any attached trailer be used for the carriage of explosives, chemicals or gases in liquid or compressed or gaseous form, bulk transportation of liquid petroleum or gasoline? Yes No

3. Will passengers be carried for hire or reward? Yes No

4. Will the vehicle be let out on hire? Yes No

5. Will the vehicle be used outside the Maltese Islands for a period longer than 30 days in any one year? Yes No

6. State other uses of vehicles not included in the above

Insurance Cover Requirements

Comprehensive Third Party Fire & Theft Third Party Only

Please state the period of insurance required:

from * at to

* This insurance only comes into effect when the proposal is accepted by the Company and the premium paid. You must inform us of any alteration in the risk in the meantime.

Policy Excess

- Optional increased excess on own damage for Comprehensive Cover

Excess increased to €100 Excess increased to €200 Other: please specify

- Removal of Standard €50 Excess

Optional Extensions at an Additional Premium

Hiring of Alternative Vehicle - Applicable to Comprehensive Cover

Private Car (A €100 Free Courtesy Car is a free benefit with maximum No Claim Discount)

Optional Higher Limits €250 €350 €475

Commercial Vehicle

Optional Higher Limits €350 €475 €600

Protected No Claim Discount - Applicable only to Private Car Comprehensive Policies

Maximum No Claim Discount is automatically protected

Extension at an additional premium available for 4th and 5th year No Claim Discounts

Increase in Cover - Applicable to Commercial Comprehensive Policies

Cover for convulsion of nature (flood, typhoon, earthquake etc)

Cover for strikes, riots and civil commotion

Trailer Extension - Applicable to Commercial Policies

Third Party Liability Cover Length of trailer

Comprehensive Cover (the following additional information is required)

Make Value

Declaration

IMPORTANT – DO NOT SIGN THIS DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. *If this form is being completed by someone else on Your behalf please ensure that the details submitted accurately reflect what You have said.*

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter 'Atlas'), you and any other person/s whom you propose to insure (hereinafter 'Others') accept the terms of this statement. You hereby warrant that you have presented this Declaration and the leaflet 'Information for Policyholders' to Others.

You confirm that you have read or have had read to you the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between you and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'Us', 'Our', 'We') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter 'Others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about you and Others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our business including:

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from Our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting Our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and Others may lodge a complaint with Us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

If you wish to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Signature _____

Date

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I confirm my understanding and acceptance of the above.

With your consent We would also like to use your details to occasionally provide you with information about Our special offers, competitions, events, products, services, news and tips. Please tick below how you would like to receive this information:

Email Post Phone SMS

Your choice will not affect any of the other services We provide to you. Per above you may contact Us at any time if you change your mind.